

**LANCE R. LEFLEUR**  
DIRECTOR



Alabama Department of Environmental Management  
adem.alabama.gov

**ROBERT J. BENTLEY**  
GOVERNOR

1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463  
Montgomery, Alabama 36130-1463  
(334) 271-7700 ■ FAX (334) 271-7950

**JUL 01 2015**

Marsha Pigg, Mayor  
Town of Addison  
Post Office Box 98  
Addison, AL 35540

RE: Draft Permit  
NPDES Permit No. AL0075621  
Addison Lagoons and Sprayfield  
Winston County, Alabama

Dear Mayor Pigg:

Transmitted herein is a draft of the referenced permit.

We would appreciate your comments on the permit within **30 days** of the date of this letter. Please direct any comments of a technical or administrative nature to the undersigned.

By copy of this letter and the draft permit, we are also requesting comments within the same time frame from EPA.

Please be aware that, if you are not already participating in the Department's web-based electronic environmental (E2) reporting system for submittal of discharge monitoring reports (DMRs), Part I.C.1.c of your permit will require you to apply for participation in the E2 DMR system within 180 days of the effective date of the permit unless valid justification as to why you cannot participate is submitted in writing. The E2 DMR system allows ADEM to electronically validate, acknowledge receipt, and upload data to the state's central wastewater database. This improves the accuracy of reported compliance data and reduces costs to both the regulated community and ADEM. The Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes> or you may obtain a hard copy by submitting a written request or by emailing [e2admin@adem.alabama.gov](mailto:e2admin@adem.alabama.gov).

The Alabama Department of Environmental Management encourages you to voluntarily consider pollution prevention practices and alternatives at your facility. Pollution Prevention may assist you in complying with effluent limitations, and possibly reduce or eliminate monitoring requirements.

Should you have any questions, please contact the undersigned by email at [ncaraway@adem.state.al.us](mailto:ncaraway@adem.state.al.us) or by phone at (334) 274-4220.

Sincerely,

Nicholas Caraway  
Municipal Section  
Water Division

nwc/mfc  
Enclosure

cc: Mr. Mark Nuhfer/Environmental Protection Agency  
Ms. Elaine Snyder/U.S. Fish and Wildlife Service  
Ms. Elizabeth Brown/Alabama Historical Commission  
Advisory Council on Historic Preservation  
Department of Conservation and Natural Resources



**Birmingham Branch**  
110 Vulcan Road  
Birmingham, AL 35209-4702  
(205) 942-6168  
(205) 941-1603 (FAX)

**Decatur Branch**  
2715 Sandlin Road, S.W.  
Decatur, AL 35603-1333  
(256) 353-1713  
(256) 340-9359 (FAX)

**Mobile Branch**  
2204 Perimeter Road  
Mobile, AL 36615-1131  
(251) 450-3400  
(251) 479-2593 (FAX)

**Mobile-Coastal**  
3664 Dauphin Street, Suite B  
Mobile, AL 36608  
(251) 304-1176  
(251) 304-1189 (FAX)

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

PERMITTEE: TOWN OF ADDISON  
POST OFFICE BOX 98  
ADDISON, ALABAMA 35540

FACILITY LOCATION: ADDISON LAGOON & SPRAYFIELD (0.15 MGD)  
16864 COUNTY ROAD 41  
ADDISON, ALABAMA  
WINSTON COUNTY

PERMIT NUMBER: AL0075621

RECEIVING WATERS: GROUNDWATER – OUTFALL 0011  
UT TO ROCK CREEK – OUTFALLS 002S AND 003S

*In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1378 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, Code of Alabama 1975, §§ 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended, Code of Alabama 1975, §§22-22A-1 to 22-22A-15, and rules and regulations adopted thereunder, and subject further to the terms and conditions set forth in this permit, the Permittee is hereby authorized to discharge into the above-named receiving waters.*

ISSUANCE DATE:

EFFECTIVE DATE:

EXPIRATION DATE:

**Draft**

**MUNICIPAL SECTION**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**  
**PERMIT**

**TABLE OF CONTENTS**

<b>PART I</b>	<b>DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS .....</b>	<b>4</b>
A.	DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS .....	4
1.	Outfall 0011 Discharge Limits – Sprayfield .....	4
2.	Outfall 002S and 003S Discharge Limits – Storm Water Monitoring .....	5
3.	Outfall 004D Discharge Limits – Downstream Monitoring of Outfall 0011 .....	6
4.	Outfall 004U Discharge Limits – Upstream Monitoring of Outfall 0011 .....	7
5.	Outfalls MW11, MW21, MW 31 and MW41 Discharge Limits.....	8
B.	DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS.....	9
1.	Representative Sampling.....	9
2.	Measurement Frequency .....	9
3.	Test Procedures.....	9
4.	Recording of Results .....	9
5.	Records Retention and Production.....	10
6.	Reduction, Suspension or Termination of Monitoring and/or Reporting.....	10
7.	Monitoring Equipment and Instrumentation .....	10
C.	DISCHARGE REPORTING REQUIREMENTS .....	10
1.	Reporting of Monitoring Requirements .....	10
2.	Noncompliance Notification .....	12
D.	OTHER REPORTING AND NOTIFICATION REQUIREMENTS .....	13
1.	Anticipated Noncompliance.....	13
2.	Termination of Discharge .....	13
3.	Updating Information.....	13
4.	Duty to Provide Information .....	13
E.	SCHEDULE OF COMPLIANCE .....	13
1.	Compliance with discharge limits .....	13
2.	Schedule .....	14
<b>PART II</b>	<b>OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES.....</b>	<b>15</b>
A.	OPERATIONAL AND MANAGEMENT REQUIREMENTS .....	15
1.	Facilities Operation and Maintenance.....	15
2.	Best Management Practices .....	15
3.	Certified Operator .....	15
B.	OTHER RESPONSIBILITIES .....	15
1.	Duty to Mitigate Adverse Impacts .....	15
2.	Right of Entry and Inspection .....	15
C.	BYPASS AND UPSET .....	15
1.	Bypass.....	15
2.	Upset .....	16
D.	DUTY TO COMPLY WITH PERMIT, RULES, AND STATUTES .....	16
1.	Duty to Comply.....	16
2.	Removed Substances.....	16
3.	Loss or Failure of Treatment Facilities .....	16
4.	Compliance With Statutes and Rules .....	17
E.	PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE.....	17
1.	Duty to Reapply or Notify of Intent to Cease Discharge .....	17
2.	Change in Discharge .....	17
3.	Transfer of Permit .....	17
4.	Permit Modification and Revocation .....	17
5.	Termination.....	18
6.	Suspension .....	18
7.	Stay .....	18

F.	COMPLIANCE WITH TOXIC POLLUTANT STANDARD OR PROHIBITION .....	19
G.	NOTICE TO DIRECTOR OF INDUSTRIAL USERS .....	19
H.	PROHIBITIONS.....	19
<b>PART III</b>	<b>ADDITIONAL REQUIREMENTS, CONDITIONS, AND LIMITATIONS.....</b>	<b>20</b>
A.	CIVIL AND CRIMINAL LIABILITY.....	20
1.	Tampering .....	20
2.	False Statements.....	20
3.	Permit Enforcement .....	20
4.	Relief from Liability .....	20
B.	OIL AND HAZARDOUS SUBSTANCE LIABILITY.....	20
C.	PROPERTY AND OTHER RIGHTS .....	20
D.	AVAILABILITY OF REPORTS .....	20
E.	EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES.....	21
F.	COMPLIANCE WITH WATER QUALITY STANDARDS .....	21
G.	GROUNDWATER .....	21
H.	DEFINITIONS.....	21
I.	SEVERABILITY .....	24
<b>PART IV</b>	<b>SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS.....</b>	<b>25</b>
A.	SLUDGE MANAGEMENT PRACTICES .....	25
1.	Applicability .....	25
2.	Submitting Information.....	25
3.	Reopener or Modification .....	25
B.	EFFLUENT TOXICITY TESTING REOPENER .....	25
C.	PLANT CLASSIFICATION.....	25
D.	OTHER REQUIREMENTS FOR LAND APPLICATION.....	25
1.	Flow Monitoring .....	25
2.	Groundwater Monitoring .....	25
3.	Stream Monitoring Requirements .....	26
4.	Sprayfield Operation Requirements .....	26
E.	STORM WATER MONITORING REQUIREMENTS.....	27

**ATTACHMENT:**  
FORM 421

NON-COMPLIANCE NOTIFICATION FORM

# PART I DISCHARGE LIMITATIONS, CONDITIONS, AND REQUIREMENTS

## A. DISCHARGE LIMITATIONS AND MONITORING REQUIREMENTS

### 1. Outfall 0011 Discharge Limits – Sprayfield

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfall 0011, which is described more fully in the Permittee's application. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*						Monitoring Requirements**		
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type
pH	*****	*****	*****	*****	6.0 S.U.	9.0 S.U.	*****	E	GRAB
00400 1 0 0	REPORT	REPORT	90.0 mg/l	135 mg/l	*****	*****	*****	E	GRAB
Solids, Total Suspended	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	I	GRAB
00530 1 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
Solids, Total Suspended	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
00530 G 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
Nitrogen, Total (As N)	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
00600 1 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
Nitrogen, Ammonia Total (As N)	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
00610 1 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
Nitrogen, Nitrate Total (As N)	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
00620 1 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
Nitrogen, Kjeldahl Total (As N)	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
00625 1 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
Phosphorus, Total (As P)	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
00665 1 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
Flow, In Conduit or Thru Treatment Plant	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	CONTIN
50050 1 0 0	MGD	*****	*****	*****	*****	REPORT MGD	*****	E	(6)
Flow, In Conduit or Thru Treatment Plant	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	I	CONTIN
50050 G 0 0	MGD	*****	*****	*****	*****	MGD	*****	E	(5)
Coliform, Fecal General	*****	*****	2000 col/100mL	*****	*****	4000 col/100mL	*****	E	GRAB
74055 1 0 0	REPORT	REPORT	45.0 mg/l	67.5 mg/l	*****	*****	*****	E	GRAB
BOD, Carbonaceous 05 Day, 20C	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	I	GRAB
80082 1 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB
BOD, Carbonaceous 05 Day, 20C	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	I	GRAB
80082 G 0 0	REPORT	REPORT	REPORT	REPORT	*****	*****	*****	E	GRAB

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset); Part IV.D (Other Requirements for Land Application)

\*\* Monitoring Requirements

(1) Sample Location

I – Influent

E – Effluent

X – End Chlorine Contact Chamber

K – Percent Removal of the Monthly Avg. Influent Concentration

from the Monthly Avg. Effluent Concentration.

RS - Receiving Stream

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB – Grab

CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (April – October)

W = Winter (November – March)

ECS = E. coli Summer (June – September)

ECW = E. coli Winter (October – May)

(5) See Part IV.D.1.a (Flow to the Treatment Plant)

(6) See Part IV.D.1.b (Flow to the Sprayfield)

## 2. Outfall 002S and 003S Discharge Limits – Storm Water Monitoring

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee is authorized to discharge from Outfalls 002S and 003S, which are described more fully in the Permittee's application as stormwater outfalls located at the sprayfield. Such discharge shall be limited and monitored by the Permittee as specified below:

Parameter	Discharge Limitations*						Monitoring Requirements**				
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
pH 00400 1 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	E	GRAB	H	*****
Solids, Total Suspended 00530 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	H	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	H	*****
Nitrogen, Kjeldahl Total (As N) 00625 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	H	*****
Nitrite Plus Nitrate Total 1 Det. (As N) 00630 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	H	*****
Phosphorus, Total (As P) 00665 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	H	*****
Flow, In Conduit or Thru Treatment Plant 50050 1 0 0	*****	*****	*****	*****	*****	REPORT MGD	*****	E	CALCTD	H	*****
E. Coli 51040 1 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	E	GRAB	H	*****
BOD, Carbonaceous 05 Day, 20C 80082 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	H	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I – Influent

E – Effluent

X – End Chlorine Contact Chamber

K – Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.

RS – Receiving Stream

(2) Sample Type:

CONTIN – Continuous

INSTAN – Instantaneous

COMP-8 – 8-Hour Composite

COMP24 – 24-Hour Composite

GRAB – Grab

CALCTD – Calculated

(3) Measurement Frequency: See also Part I.B.2.

A – 7 days per week F – 2 days per month

B – 5 days per week G – 1 day per month

C – 3 days per week H – 1 day per quarter

D – 2 days per week J – Annual

E – 1 day per week Q – For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (April – October)

W = Winter (November – March)

ECS = E. coli Summer (June – September)

ECW = E. coli Winter (October – May)

See Part IV.E Storm Water Monitoring Requirements

### 3. Outfall 004D Discharge Limits – Downstream Monitoring of Outfall 0011

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor downstream of the Outfall 0011 land application area as specified below:

Parameter	Discharge Limitations*						Monitoring Requirements**				
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO) 00300 6 0 0	*****	*****	*****	*****	REPORT mg/l	*****	*****	DS	GRAB	H	*****
pH 00400 6 0 0	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	DS	GRAB	II	*****
Solids, Total Suspended 00530 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	H	*****
Nitrogen, Ammonia Total (As N) 00610 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	H	*****
Nitrogen, Kjeldahl Total (As N) 00625 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	H	*****
Nitrite Plus Nitrate Total I Det. (As N) 00630 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	H	*****
Phosphorus, Total (As P) 00665 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	H	*****
E. Coli 51040 6 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	DS	GRAB	H	*****
BOD, Carbonaceous 05 Day, 20C 80082 6 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	DS	GRAB	II	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I – Influent

E – Effluent

X – End Chlorine Contact Chamber

K – Percent Removal of the Monthly Avg. Influent Concentration

from the Monthly Avg. Effluent Concentration.

RS – Receiving Stream

DS – Downstream of the land application site

See Part IV.D.3

(2) Sample Type:

CONTIN – Continuous

INSTAN – Instantaneous

COMP-8 – 8-Hour Composite

COMP24 – 24-Hour Composite

GRAB – Grab

CALCTD – Calculated

(3) Measurement Frequency: See also Part I.B.2.

A – 7 days per week

B – 5 days per week

C – 3 days per week

D – 2 days per week

E – 1 day per week

Q – For Effluent Toxicity

Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (April – October)

W = Winter (November – March)

ECS = E. coli Summer (June – September)

ECW = E. coli Winter (October – May)

**4. Outfall 004U Discharge Limits – Upstream Monitoring of Outfall 0011**

During the period beginning on the effective date of this permit and lasting through the expiration date of the Outfall 0011 land application area as specified below:

Parameter	Discharge Limitations*						Monitoring Requirements**				
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Oxygen, Dissolved (DO)	*****	*****	*****	*****	REPORT mg/l	*****	*****	US	GRAB	H	*****
00300 5 0 0											
pH	*****	*****	*****	*****	REPORT S.U.	REPORT S.U.	*****	US	GRAB	H	*****
00400 5 0 0											
Solids, Total Suspended	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	H	*****
00530 5 0 0											
Nitrogen, Ammonia Total (As N)	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	H	*****
00610 5 0 0											
Nitrogen, Kjeldahl Total (As N)	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	H	*****
00625 5 0 0											
Nitrite Plus Nitrate Total 1 Det (As N)	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	H	*****
00630 5 0 0											
Phosphorus, Total (As P)	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	H	*****
00665 5 0 0											
E. Coli	*****	*****	*****	*****	*****	REPORT col/100mL	*****	US	GRAB	H	*****
51040 5 0 0											
BOD, Carbonaceous 05 Day, 20C	*****	*****	*****	*****	*****	REPORT mg/l	*****	US	GRAB	H	*****
80082 5 0 0											

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I – Influent

E – Effluent

X – End Chlorine Contact Chamber

K – Percent Removal of the Monthly Avg. Influent Concentration from the Monthly Avg. Effluent Concentration.

RS – Receiving Stream

US – Upstream of the land application site

See Part IV.D.3

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB - Grab

CALCTD - Calculated

(3) Measurement Frequency: See also Part I.B.2.

A - 7 days per week F - 2 days per month

B - 5 days per week G - 1 day per month

C - 3 days per week H - 1 day per quarter

D - 2 days per week J - Annual

E - 1 day per week Q - For Effluent Toxicity Testing, see Provision IV.B.

(4) Seasonal Limits:

S = Summer (April – October)

W = Winter (November – March)

ECS = E. coli Summer (June – September)

ECW = E. coli Winter (October – May)



**5. Outfalls MW11, MW21, MW31 and MW41 Discharge Limits – Groundwater Monitoring Wells 1, 2, 3, and 4**

During the period beginning on the effective date of this permit and lasting through the expiration date of this permit, the Permittee shall monitor at monitoring wells MW11, MW21, MW31, and MW41 as specified below:

Parameter	Discharge Limitations*						Monitoring Requirements**				
	Monthly Average	Weekly Average	Monthly Average	Weekly Average	Daily Minimum	Daily Maximum	Percent Removal	(1) Sample Location	(2) Sample Type	(3) Measurement Frequency	(4) Seasonal
Nitrogen, Total (As N) 00600 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Nitrogen, Ammonia Total (As N) 00610 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Nitrogen, Nitrite Total (As N) 00615 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Nitrogen, Nitrate Total (As N) 00620 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Phosphorus, Total (As P) 00665 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Carbon, Tot Organic (TOC) 00680 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
Methylene Blue Active Substances 47021 1 0 0	*****	*****	*****	*****	*****	REPORT mg/l	*****	E	GRAB	Q	*****
E. Coli 51040 1 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	E	GRAB	Q	*****
Coliform, Fecal General 74055 1 0 0	*****	*****	*****	*****	*****	REPORT col/100mL	*****	E	GRAB	Q	*****
Water Level At Samp. Collection Time 85327 1 0 0	*****	*****	*****	*****	*****	REPORT feet	*****	E	GRAB	Q	*****

\* See Part II.C.1. (Bypass); Part II.C.2. (Upset)

\*\* Monitoring Requirements

(1) Sample Location

I – Influent

E – Effluent

X – End Chlorine Contact Chamber

K – Percent Removal of the Monthly Avg. Influent Concentration

from the Monthly Avg. Effluent Concentration.

RS – Receiving Stream

(2) Sample Type:

CONTIN - Continuous

INSTAN - Instantaneous

COMP-8 - 8-Hour Composite

COMP24 - 24-Hour Composite

GRAB – Grab

CALCTD - Calculated

(3) Measurement Frequency. See also Part I.B.2.

A - 7 days per week

B - 5 days per week

C - 3 days per week

D - 2 days per week

E - 1 day per week

(4) Seasonal Limits:

S = Summer (April – October)

W = Winter (November – March)

ECS = E. coli Summer (June – September)

ECW = E. coli Winter (October – May)

**B. DISCHARGE MONITORING AND RECORD KEEPING REQUIREMENTS****1. Representative Sampling**

Sample collection and measurement actions shall be representative of the volume and nature of the monitored discharge and shall be in accordance with the provisions of this permit. The effluent sampling point shall be at the nearest accessible location just prior to discharge and after final treatment, unless otherwise specified in the permit.

**2. Measurement Frequency**

Measurement frequency requirements found in Provision I.A. shall mean:

- a. Seven days per week shall mean daily.
- b. Five days per week shall mean any five days of discharge during a calendar weekly period of Sunday through Saturday.
- c. Three days per week shall mean any three days of discharge during a calendar week.
- d. Two days per week shall mean any two days of discharge during a calendar week.
- e. One day per week shall mean any day of discharge during a calendar week.
- f. Two days per month shall mean any two days of discharge during the month that are no less than seven days apart. However, if discharges occur only during one seven-day period in a month, then two days per month shall mean any two days of discharge during that seven day period.
- g. One day per month shall mean any day of discharge during the calendar month.
- h. Quarterly shall mean any day of discharge during each calendar quarter.
- i. The Permittee may increase the frequency of sampling, listed in Provisions I.B.2.a through I.B.2.h; however, all sampling results are to be reported to the Department.

**3. Test Procedures**

For the purpose of reporting and compliance, Permittees shall use one of the following procedures:

- a. For parameters with an EPA established Minimum Level (ML), report the measured value if the analytical result is at or above the ML and report "0" for values below the ML. Test procedures for the analysis of pollutants shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). If more than one method for analysis of a substance is approved for use, a method having a minimum level lower than the permit limit shall be used. If the minimum level of all methods is higher than the permit limit, the method having the lowest minimum level shall be used and a report of less than the minimum level shall be reported as zero and will constitute compliance, however should EPA approve a method with a lower minimum level during the term of this permit the Permittee shall use the newly approved method.

- b. For pollutants parameters without an established ML, an interim ML may be utilized. The interim ML shall be calculated as 3.18 times the Method Detection Level (MDL) calculated pursuant to 40 CFR Part 136, Appendix B.

Permittees may develop an effluent matrix-specific ML, where an effluent matrix prevents attainment of the established ML. However, a matrix specific ML shall be based upon proper laboratory method and technique. Matrix-specific MLs must be approved by the Department, and may be developed by the Permittee during permit issuance, reissuance, modification, or during compliance schedule.

In either case the measured value should be reported if the analytical result is at or above the ML and "0" reported for values below the ML.

- c. For parameters without an EPA established ML, interim ML, or matrix-specific ML, a report of less than the detection limit shall constitute compliance if the detection limit of all analytical methods is higher than the permit limit. For the purpose of calculating a monthly average, "0" shall be used for values reported less than the detection limit.

The Minimum Level utilized for procedures a and b above shall be reported on the Permittee's DMR. When an EPA approved test procedure for analysis of a pollutant does not exist, the Director shall approve the procedure to be used.

**4. Recording of Results**

For each measurement or sample taken pursuant to the requirements of this permit, the Permittee shall record the following information:

- a. The facility name and location, point source number, date, time and exact place of sampling;

- b. The name(s) of person(s) who obtained the samples or measurements;
  - c. The dates and times the analyses were performed;
  - d. The name(s) of the person(s) who performed the analyses;
  - e. The analytical techniques or methods used, including source of method and method number; and
  - f. The results of all required analyses.
5. Records Retention and Production
- a. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete the above reports or the application for this permit, for a period of at least three years from the date of the sample measurement, report or application. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of the above records, the records shall be kept until the litigation is resolved. Upon the written request of the Director or his designee, the permittee shall provide the Director with a copy of any record required to be retained by this paragraph. Copies of these records should not be submitted unless requested.
  - b. All records required to be kept for a period of three years shall be kept at the permitted facility or an alternate location approved by the Department in writing and shall be available for inspection.
6. Reduction, Suspension or Termination of Monitoring and/or Reporting
- a. The Director may, with respect to any point source identified in Provision I., A., of this permit, authorize the permittee to reduce, suspend or terminate the monitoring and/or reporting required by this permit upon the submission of a written request for such reduction, suspension or termination by the permittee, supported by sufficient data which demonstrates to the satisfaction of the Director that the discharge from such point source will continuously meet the discharge limitations specified in Provision I., A., of this permit.
  - b. It remains the responsibility of the permittee to comply with the monitoring and reporting requirements of this permit until written authorization to reduce, suspend or terminate such monitoring and/or reporting is received by the permittee from the Director.
7. Monitoring Equipment and Instrumentation
- All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. At a minimum, flow measurement devices shall be calibrated at least once every 12 months.

## C. DISCHARGE REPORTING REQUIREMENTS

1. Reporting of Monitoring Requirements
- a. The permittee shall conduct the required monitoring in accordance with the following schedule:
    - (1) **MONITORING REQUIRED MORE FREQUENTLY THAN MONTHLY AND MONTHLY** shall be conducted during the first full month following the effective date of coverage under this permit and every month thereafter.
    - (2) **QUARTERLY MONITORING** shall be conducted at least once during each calendar quarter. Calendar quarters are the periods of January through March, April through June, July through September, and October through December. The permittee shall conduct the quarterly monitoring during the first complete calendar quarter following the effective date of this permit and is then required to monitor once during each quarter thereafter. Quarterly monitoring should be reported on the last DMR due for the quarter (i.e. March, June, September and December DMRs).
    - (3) **SEMIANNUAL MONITORING** shall be conducted at least once during the period of January through June and at least once during the period of July through December. The permittee shall conduct the semiannual monitoring during the first complete calendar semiannual period following the effective date of this permit and is then required to monitor once during each semiannual period thereafter. Semiannual monitoring may be done anytime during the semiannual period, unless restricted elsewhere in this permit, but it should be reported on the last DMR due for the month of the semiannual period (i.e. June and December DMRs).
    - (4) **ANNUAL MONITORING** shall be conducted at least once during the period of January through December. The permittee shall conduct the annual monitoring during the first complete calendar annual period following the effective date of this permit and is then required to monitor once during each annual period thereafter.

Annual monitoring may be done anytime during the year, unless restricted elsewhere in this permit, but it should be reported on the December DMR.

- b. The permittee shall submit discharge monitoring reports (DMRs) on the forms approved by the Department and in accordance with the following schedule:
- (1) **REPORTS OF MORE FREQUENTLY THAN MONTHLY AND MONTHLY TESTING** shall be submitted on a monthly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.
  - (2) **REPORTS OF QUARTERLY TESTING** shall be submitted on a quarterly basis. The first report is due on the 28th day of the month following the month the permit becomes effective. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.
  - (3) **REPORTS OF SEMIANNUAL TESTING** shall be submitted on a semiannual basis. The reports are due on the 28th day of JANUARY and the 28th day of JULY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.
  - (4) **REPORTS OF ANNUAL TESTING** shall be submitted on an annual basis. Unless specified elsewhere in the permit, the first report is due on the 28th day of JANUARY. The reports shall be submitted so that they are received by the Department no later than the 28th day of the month following the reporting period.
- c. The Department is utilizing a web-based electronic environmental (E2) DMR reporting system for submittal of DMRs. **If the permittee is not already participating in the E2 DMR system, the permittee must apply for participation in the system within 180 days of coverage under this permit unless the facility submits in writing valid justification as to why they cannot participate and the Department approves in writing utilization of hard copy DMR submittals.** Once the permittee is enrolled in the E2 DMR system, the permittee must utilize the system for the submittal of DMRs unless otherwise allowed by this permit. To participate in the E2 DMR system, the Permittee Participation Package may be downloaded online at <https://e2.adem.alabama.gov/npdes>. If the E2 DMR system is down (i.e., electronic submittal of DMR data is unable to be completed due to technical problems originating with the Department's system: this could include entry/submittal issues with an entire set of DMRs or individual parameters), the permittee is not relieved of their obligation to submit DMR data to the Department by the required submittal date. However, if the E2 DMR system is down on the 28<sup>th</sup> day of the month or is down for an extended period of time as determined by the Department when a DMR is required to be submitted, the facility may submit the data in an alternate manner and format acceptable to the Department. Preapproved alternate acceptable methods include faxing, e-mailing, mailing, or hand-delivery of data such that they are received by the required reporting date. Within five calendar days of the E2 DMR system resuming operation, the permittee shall enter the data into the E2 DMR system, unless an alternate timeframe is approved by the Department. An attachment should be included with the E2 DMR submittal verifying the original submittal date (date of the fax, copy of dated e-mail, or hand-delivery stamped date). If a permittee is allowed to submit via the US Postal Service, the DMR must be legible and bear an original signature. Photo and electronic copies of the signature are not acceptable and shall not satisfy the reporting requirements of this permit. If the permittee, using approved analytical methods as specified in Provision I.B.2, monitors any discharge from a point source for a limited substance identified in Provision I.A of this permit more frequently than required by this permit, the results of such monitoring shall be included in the calculation and reporting of values on the DMR form and the increased frequency shall be indicated on the DMR form. In the event no discharge from a point source identified in Provision I.A of this permit and described more fully in the permittee's application occurs during a monitoring period, the permittee shall report "No Discharge" for such period on the appropriate DMR form.
- d. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules and regulations, shall be electronically signed (or, if allowed by the Department, traditionally signed) by a "responsible official" of the permittee as defined in ADEM Administrative Code Rule 335-6-6-.09 or a "duly authorized representative" of such official as defined in ADEM Administrative Code Rule 335-6-6-.09 and shall bear the following certification:
- "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."**
- e. The permittee may certify in writing that a discharge will not occur for an extended period of time and after such certification shall not be required to submit monitoring reports. Written notification of a planned resumption of discharge shall be submitted at least 30 days prior to resumption of the discharge. If an unplanned resumption of

discharge occurs, written notification shall be submitted within 7 days of the resumption. In any case, all discharges shall comply with all provisions of this permit.

- f. All reports and forms required to be submitted by this permit, the AWPCA and the Department's Rules, shall be addressed to:

**Alabama Department of Environmental Management  
Municipal Section, Water Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463**

Certified and Registered Mail shall be addressed to:

**Alabama Department of Environmental Management  
Municipal Section, Water Division  
1400 Coliseum Boulevard  
Montgomery, Alabama 36110-2059**

DMRs required to be submitted by this permit shall be addressed to:

**Alabama Department of Environmental Management  
Environmental Data Section, Permits & Services Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463**

- g. If this permit is a reissuance, then the permittee shall continue to submit DMRs in accordance with the requirements of their previous permit until such time as DMRs are due as discussed in Part I.C.1.b. above.

## 2. Noncompliance Notification

- a. The Permittee must notify the Department if, for any reason, the Permittee's discharge:

- (1) Does not comply with any daily minimum or maximum discharge limitation for an effluent characteristic specified in Provision I. A. of this permit which is denoted by an "(X)"
- (2) Potentially threatens human health or welfare.
- (3) Threatens fish or aquatic life
- (4) Causes an in-stream water quality criterion to be exceeded;
- (5) Does not comply with an applicable toxic pollutant effluent standard or prohibition established under Section 307(a) of the FWPCA, 33 U.S.C. Section 1317(a);
- (6) Contains a quantity of a hazardous substance that may be harmful to public health or welfare under Section 311(b)(4) of the FWPCA, 33 U.S.C. Section 1321(b)(4);
- (7) Exceeds any discharge limitation for an effluent parameter listed in Part I.A as a result of an unanticipated bypass or upset; or
- (8) Is an unpermitted direct or indirect discharge of a pollutant to a water of the state (Note that unpermitted discharges properly reported to the Department under any other requirement are not required to be reported under this provision)

The Permittee shall orally or electronically report any of the above occurrences, describing the circumstances and potential effects, to the Department within 24-hours after the Permittee becomes aware of the occurrence of such discharge. In addition to the oral or electronic report, the Permittee shall submit a written report to the Director or Designee, as provided in Provision I.C.2.c, no later than five days after becoming aware of the occurrence of such discharge or occurrence.

- b. If for any reason, the Permittee's discharge does not comply with any limitation of this permit, then the Permittee must submit a written report to the Director or Designee, as provided in Provision I.C.2.c below. This report must be submitted with the next Discharge Monitoring Report required to be submitted by Provision I.C.1 of this permit after becoming aware of the occurrence of such noncompliance.
- c. Form 421 must be submitted to the Director or Designee in accordance with Provisions I.C.2a. or b. The completed form must document the following information:
- (1) A description of the discharge and cause of noncompliance;
  - (2) The period of noncompliance, including exact dates, times, and duration of the noncompliance. If not corrected by the due date of the written report, then the Permittee is to state the anticipated timeframe that is expected to transpire before the noncompliance is resolved; and

- (3) A description of the steps taken by the Permittee and the steps planned to be taken by the Permittee to reduce or eliminate the noncompliant discharge, including all steps taken to prevent recurrence.
- d. Immediate notification

The permittee shall provide immediate notification to the Director, the public, the county health department, and any other affected entity such as public water systems, as soon as possible upon becoming aware of any notifiable sanitary sewer overflow.
- e. The Permittee shall keep an updated record of all known wastewater discharge points that are not authorized as permitted outfalls, including but not limited to SSOs. The Permittee shall submit annual Municipal Water Pollution Prevention Plan (MWPP) reports to the Department each year by May 31st for the prior calendar year period beginning January 1st and ending December 31st. The Annual MWPP Reports shall contain a list of all known wastewater discharge points that are not authorized as permitted outfalls and any discharges that occur prior to the headworks of the wastewater treatment plant covered by this permit. The MWPP shall also provide a list of any discharges reported in accordance with Provision I.C.2.a. The Permittee shall submit with its Annual MWPP Report the following information for each known unpermitted discharge that occurs:
  - (1) The cause of the discharge;
  - (2) Date, duration and volume of discharge (estimate if unknown);
  - (3) Description of the source (e.g., manhole, lift station);
  - (4) Location of the discharge, by street address or any other appropriate method;
  - (5) The ultimate destination of the flow (e.g., surface waterbody, municipal separate storm sewer to surface waterbody). Location should be shown on a USGS quad sheet or copy thereof; and
  - (6) Corrective actions or plans to eliminate future discharges.
- f. The Permittee shall report SSO and other illicit or anomalous discharge events on Form 415 in accordance with Part I.C.2.a. This form is available on the ADEM web page or upon request from the Permittee.

#### **D. OTHER REPORTING AND NOTIFICATION REQUIREMENTS**

##### **1. Anticipated Noncompliance**

The permittee shall give the Director written advance notice of any planned changes or other circumstances regarding a facility which may result in noncompliance with permit requirements.

##### **2. Termination of Discharge**

The permittee shall notify the Director, in writing, when all discharges from any point source(s) identified in Provision I. A. of this permit have permanently ceased. This notification shall serve as sufficient cause for instituting procedures for modification or termination of the permit.

##### **3. Updating Information**

- a. The permittee shall inform the Director of any change in the permittee's mailing address or telephone number or in the permittee's designation of a facility contact or office having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's Rules and the terms and conditions of this permit, in writing, no later than ten (10) days after such change. Upon request of the Director or his designee, the permittee shall furnish the Director with an update of any information provided in the permit application.
- b. If the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

##### **4. Duty to Provide Information**

The permittee shall furnish to the Director, within a reasonable time, any information which the Director or his designee may request to determine whether cause exists for modifying, revoking and re-issuing, suspending, or terminating this permit, in whole or in part, or to determine compliance with this permit.

#### **E. SCHEDULE OF COMPLIANCE**

##### **1. Compliance with discharge limits**

The permittee shall achieve compliance with the discharge limitations specified in Provision I. A. in accordance with the following schedule:

**COMPLIANCE SHALL BE ATTAINED ON THE EFFECTIVE DATE OF THIS PERMIT**

2. Schedule

No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

## **PART II OTHER REQUIREMENTS, RESPONSIBILITIES, AND DUTIES**

### **A. OPERATIONAL AND MANAGEMENT REQUIREMENTS**

#### **1. Facilities Operation and Maintenance**

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of the permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities only when necessary to achieve compliance with the conditions of the permit.

#### **2. Best Management Practices**

- a. Dilution water shall not be added to achieve compliance with discharge limitations except when the Director or his designee has granted prior written authorization for dilution to meet water quality requirements.
- b. The permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 C.F.R. Section 112 if required thereby.
- c. The permittee shall prepare, submit for approval and implement a Best Management Practices (BMP) Plan for containment of any or all process liquids or solids, in a manner such that these materials do not present a significant potential for discharge, if so required by the Director or his designee. When submitted and approved, the BMP Plan shall become a part of this permit and all requirements of the BMP Plan shall become requirements of this permit.

#### **3. Certified Operator**

The permittee shall not operate any wastewater treatment plant unless the competency of the operator to operate such plant has been duly certified by the Director pursuant to AWPCA, and meets the requirements specified in ADEM Administrative Code, Rule 335-10-1.

### **B. OTHER RESPONSIBILITIES**

#### **1. Duty to Mitigate Adverse Impacts**

The permittee shall promptly take all reasonable steps to mitigate and minimize or prevent any adverse impact on human health or the environment resulting from noncompliance with any discharge limitation specified in Provision I. A. of this permit, including such accelerated or additional monitoring of the discharge and/or the receiving waterbody as necessary to determine the nature and impact of the noncomplying discharge.

#### **2. Right of Entry and Inspection**

- a. The permittee shall allow the Director, or an authorized representative, upon the presentation of proper credentials and other documents as may be required by law to:
  - (1) Enter upon the permittee's premises where a regulated facility or activity or point source is located or conducted, or where records must be kept under the conditions of the permit;
  - (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of the permits.
  - (3) Inspect any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under the permit; and
  - (4) Sample or monitor, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any substances or parameters at any location.

### **C. BYPASS AND UPSET**

#### **I. Bypass**

- a. Any bypass is prohibited except as provided in b. and c. below:
- b. A bypass is not prohibited if:
  - (1) It does not cause any discharge limitation specified in Provision I. A. of this permit to be exceeded;
  - (2) It enters the same receiving stream as the permitted outfall and;
  - (3) It is necessary for essential maintenance of a treatment or control facility or system to assure efficient operation of such facility or system.
- c. A bypass is not prohibited and need not meet the discharge limitations specified in Provision I. A. of this permit if:
  - (1) It is unavoidable to prevent loss of life, personal injury, or severe property damage;



primary source of power is to be accomplished by means of alternate power sources, standby generators, or retention of inadequately treated effluent, the permittee must furnish to the Director within six months a certification that such control mechanisms have been installed.

4. Compliance With Statutes and Rules

- a. This permit has been issued under ADEM Administrative Code, Chapter 335-6-6. All provisions of this chapter, that are applicable to this permit, are hereby made a part of this permit. A copy of this chapter may be obtained for a small charge from the Office of General Counsel, Alabama Department of Environmental Management, 1400 Coliseum Boulevard Montgomery, Alabama 36110-2059.
- b. This permit does not authorize the noncompliance with or violation of any Laws of the State of Alabama or the United States of America or any regulations or rules implementing such laws. FWPCA, 33 U.S.C. Section 1319, and Code of Alabama 1975, Section 22-22-14.

**E. PERMIT TRANSFER, MODIFICATION, SUSPENSION, REVOCATION, AND REISSUANCE**

1. Duty to Reapply or Notify of Intent to Cease Discharge

- a. If the permittee intends to continue to discharge beyond the expiration date of this permit, the permittee shall file a complete permit application for reissuance of this permit at least 180 days prior to its expiration. If the permittee does not intend to continue discharge beyond the expiration of this permit, the permittee shall submit written notification of this intent which shall be signed by an individual meeting the signatory requirements for a permit application as set forth in ADEM Administrative Code Rule 335-6-6-.09.
- b. Failure of the permittee to apply for reissuance at least 180 days prior to permit expiration will void the automatic continuation of the expiring permit provided by ADEM Administrative Code Rule 335-6-6-.06 and should the permit not be reissued for any reason any discharge after expiration of this permit will be an unpermitted discharge.

2. Change in Discharge

Prior to any facility expansion, process modification or any significant change in the method of operation of the permittee's treatment works, the permittee shall provide the Director with information concerning the planned expansion, modification or change. The permittee shall apply for a permit modification at least 180 days prior to any facility expansion, process modification, any significant change in the method of operation of the permittee's treatment works or other actions that could result in the discharge of additional pollutants or increase the quantity of a discharged pollutant or could result in an additional discharge point. This condition applies to pollutants that are or that are not subject to discharge limitations in this permit. No new or increased discharge may begin until the Director has authorized it by issuance of a permit modification or a reissued permit.

3. Transfer of Permit

This permit may not be transferred or the name of the permittee changed without notice to the Director and subsequent modification or revocation and reissuance of the permit to identify the new permittee and to incorporate any other changes as may be required under the FWPCA or AWPCA. In the case of a change in name, ownership or control of the permittee's premises only, a request for permit modification in a format acceptable to the Director is required at least 30 days prior to the change. In the case of a change in name, ownership or control of the permittee's premises accompanied by a change or proposed change in effluent characteristics, a complete permit application is required to be submitted to the Director at least 180 days prior to the change. Whenever the Director is notified of a change in name, ownership or control, he may decide not to modify the existing permit and require the submission of a new permit application.

4. Permit Modification and Revocation

- a. This permit may be modified or revoked and reissued, in whole or in part, during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to revoke and reissue this permit instead of terminating the permit;
  - (2) If a request to transfer this permit has been received, the Director may decide to revoke and reissue or to modify the permit; or
  - (3) If modification or revocation and reissuance is requested by the permittee and cause exists, the Director may grant the request.
- b. This permit may be modified during its term for cause, including but not limited to, the following:
  - (1) If cause for termination under Provision II. E. 5. of this permit exists, the Director may choose to modify this permit instead of terminating this permit;

- (2) There are material and substantial alterations or additions to the facility or activity generating wastewater which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit;
- (3) The Director has received new information that was not available at the time of permit issuance and that would have justified the application of different permit conditions at the time of issuance;
- (4) A new or revised requirement(s) of any applicable standard or limitation is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA;
- (5) Errors in calculation of discharge limitations or typographical or clerical errors were made;
- (6) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, when the standards or regulations on which the permit was based have been changed by promulgation of amended standards or regulations or by judicial decision after the permit was issued;
- (7) To the extent allowed by ADEM Administrative Code, Rule 335-6-6-.17, permits may be modified to change compliance schedules;
- (8) To agree with a granted variance under 301(c), 301(g), 301(h), 301(k), or 316(a) of the FWPCA or for fundamentally different factors;
- (9) To incorporate an applicable 307(a) FWPCA toxic effluent standard or prohibition;
- (10) When required by the reopener conditions in this permit;
- (11) When required under 40 CFR 403.8(e) (compliance schedule for development of pretreatment program);
- (12) Upon failure of the state to notify, as required by Section 402(b)(3) of the FWPCA, another state whose waters may be affected by a discharge permitted by this permit;
- (13) When required to correct technical mistakes, such as errors in calculation, or mistaken interpretations of law made in determining permit conditions; or
- (14) When requested by the permittee and the Director determines that the modification has cause and will not result in a violation of federal or state law, regulations or rules; or

#### 5. Termination

This permit may be terminated during its term for cause, including but not limited to, the following:

- a. Violation of any term or condition of this permit;
- b. The permittee's misrepresentation or failure to disclose fully all relevant facts in the permit application or during the permit issuance process or the permittee's misrepresentation of any relevant facts at any time;
- c. Materially false or inaccurate statements or information in the permit application or the permit;
- d. A change in any condition that requires either a temporary or permanent reduction or elimination of the permitted discharge;
- e. The permittee's discharge threatens human life or welfare or the maintenance of water quality standards;
- f. Permanent closure of the facility generating the wastewater permitted to be discharged by this permit or permanent cessation of wastewater discharge;
- g. New or revised requirements of any applicable standard or limitation that is promulgated under Sections 301(b)(2)(C), (D), (E), and (F), and 307(a)(2) of the FWPCA that the Director determines cannot be complied with by the permittee.
- h. Any other cause allowed by the ADEM Administrative Code, Chapter 335-6-6.

#### 6. Suspension

This permit may be suspended during its term for noncompliance until the permittee has taken action(s) necessary to achieve compliance.

#### 7. Stay

The filing of a request by the permittee for modification, suspension or revocation of this permit, in whole or in part, does not stay any permit term or condition.

**E. EXPIRATION OF PERMITS FOR NEW OR INCREASED DISCHARGES**

1. If this permit was issued for a new discharger or new source, this permit shall expire eighteen months after the issuance date if construction of the facility has not begun during the eighteen-month period.
2. If this permit was issued or modified to allow the discharge of increased quantities of pollutants to accommodate the modification of an existing facility and if construction of this modification has not begun during the eighteen month period after issuance of this permit or permit modification, this permit shall be modified to reduce the quantities of pollutants allowed to be discharged to those levels that would have been allowed if the modification of the facility had not been planned.
3. Construction has begun when the owner or operator has:
  - a. Begun, or caused to begin as part of a continuous on-site construction program:
    - (1) Any placement, assembly, or installation of facilities or equipment; or
    - (2) Significant site preparation work including clearing, excavation, or removal of existing buildings, structures, or facilities which are necessary for the placement, assembly, or installation of new source facilities or equipment; or
  - b. Entered into a binding contractual obligation for the purpose of placement, assembly, or installation of facilities or equipment which are intended to be used in its operation within a reasonable time. Options to purchase or contracts which can be terminated or modified without substantial loss, and contracts for feasibility, engineering, and design studies do not constitute a contractual obligation under this paragraph.
4. Final plans and specifications for a waste treatment facility at a new source or new discharger, or a modification to an existing waste treatment facility must be submitted to and examined by the Department prior to initiating construction of such treatment facility by the permittee.
5. Upon completion of construction of waste treatment facilities and prior to operation of such facilities, the permittee shall submit to the Department a certification from a registered professional engineer, licensed to practice in the State of Alabama, that the treatment facilities have been built according to plans and specifications submitted to and examined by the Department.

**F. COMPLIANCE WITH WATER QUALITY STANDARDS**

1. On the basis of the permittee's application, plans, or other available information, the Department has determined that compliance with the terms and conditions of this permit should assure compliance with the applicable water quality standards.
2. Compliance with permit terms and conditions notwithstanding, if the permittee's discharge(s) from point sources identified in Provision I. A. of this permit cause or contribute to a condition in contravention of state water quality standards, the Department may require abatement action to be taken by the permittee in emergency situations or modify the permit pursuant to the Department's Rules, or both.
3. If the Department determines, on the basis of a notice provided pursuant to this permit or any investigation, inspection or sampling, that a modification of this permit is necessary to assure maintenance of water quality standards or compliance with other provisions of the AWPCA or FWPCA, the Department may require such modification and, in cases of emergency, the Director may prohibit the discharge until the permit has been modified.

**G. GROUNDWATER**

Unless specifically authorized under this permit, this permit does not authorize the discharge of pollutants to groundwater. Should a threat of groundwater contamination occur, the Director may require groundwater monitoring to properly assess the degree of the problem, and the Director may require that the permittee undertake measures to abate any such discharge and/or contamination.

**H. DEFINITIONS**

1. Average monthly discharge limitation - means the highest allowable average of "daily discharges" over a calendar month, calculated as the sum of all "daily discharges" measured during a calendar month divided by the number of "daily discharges" measured during that month (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).
2. Average weekly discharge limitation - means the highest allowable average of "daily discharges" over a calendar week, calculated as the sum of all "daily discharges" measured during a calendar week divided by the number of "daily discharges" measured during that week (zero discharge days shall not be included in the number of "daily discharges" measured and a less than detectable test result shall be treated as a concentration of zero if the most sensitive EPA approved method was used).

3. Arithmetic Mean – means the summation of the individual values of any set of values divided by the number of individual values.
4. AWPCA - means the Alabama Water Pollution Control Act.
5. BOD – means the five-day measure of the pollutant parameter biochemical oxygen demand.
6. Bypass - means the intentional diversion of waste streams from any portion of a treatment facility.
7. CBOD – means the five-day measure of the pollutant parameter carbonaceous biochemical oxygen demand.
8. Daily discharge - means the discharge of a pollutant measured during any consecutive 24-hour period in accordance with the sample type and analytical methodology specified by the discharge permit.
9. Daily maximum - means the highest value of any individual sample result obtained during a day.
10. Daily minimum - means the lowest value of any individual sample result obtained during a day.
11. Day - means any consecutive 24-hour period.
12. Department - means the Alabama Department of Environmental Management.
13. Director - means the Director of the Department.
14. Discharge - means "[t]he addition, introduction, leaking, spilling or emitting of any sewage, industrial waste, pollutant or other waste into waters of the state". Code of Alabama 1975, Section 22-22-1(b)(9).
15. Discharge Monitoring Report (DMR) - means the form approved by the Director to accomplish reporting requirements of an NPDES permit.
16. DO – means dissolved oxygen.
17. 8HC – means 8-hour composite sample, including any of the following:
  - (a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 1 hour over a period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
  - (b) A sample continuously collected at a constant rate over period of not less than 8 hours between the hours of 6:00 a.m. and 6:00 p.m. If the sampling period exceeds 8 hours, sampling may be conducted beyond the 6:00 a.m. to 6:00 p.m. period.
18. EPA - means the United States Environmental Protection Agency.
19. FC – means the pollutant parameter fecal coliform.
20. Flow – means the total volume of discharge in a 24-hour period.
21. FWPCA - means the Federal Water Pollution Control Act.
22. Geometric Mean – means the Nth root of the product of the individual values of any set of values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered one (1).
23. Grab Sample – means a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the discharge.
24. Indirect Discharger – means a nondomestic discharger who discharges pollutants to a publicly owned treatment works or a privately owned treatment facility operated by another person.
25. Industrial User – means those industries identified in the Standard Industrial Classification manual, Bureau of the Budget 1967, as amended and supplemented, under the category "Division D – Manufacturing" and such other classes of significant waste producers as, by regulation, the Director deems appropriate.
26. MGD – means million gallons per day.
27. Monthly Average – means the arithmetic mean of all the composite or grab samples taken for the daily discharges collected in one month period. The monthly average for flow is the arithmetic mean of all flow measurements taken in a one month period.
28. New Discharger – means a person, owning or operating any building, structure, facility or installation:
  - (a) From which there is or may be a discharge of pollutants;
  - (b) That did not commence the discharge of pollutants prior to August 13, 1979, and which is not a new source; and

- (c) Which has never received a final effective NPDES permit for dischargers at that site.
29. NH<sub>3</sub>-N – means the pollutant parameter ammonia, measured as nitrogen.
30. Notifiable sanitary sewer overflow - means an overflow, spill, release or diversion of wastewater from a sanitary sewer system that:
- (a) Reaches a surface water of the State; or
  - (b) May imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.
31. Permit application - means forms and additional information that is required by ADEM Administrative Code Rule 335-6-6-.08 and applicable permit fees.
32. Point source - means "any discernible, confined and discrete conveyance, including but not limited to any pipe, channel, ditch, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, or vessel or other floating craft, . . . from which pollutants are or may be discharged." Section 502(14) of the FWPCA, 33 U.S.C. Section 1362(14).
33. Pollutant - includes for purposes of this permit, but is not limited to, those pollutants specified in Code of Alabama 1975, Section 22-22-1(b)(3) and those effluent characteristics specified in Provision I. A. of this permit.
34. Privately Owned Treatment Works – means any devices or system which is used to treat wastes from any facility whose operator is not the operator of the treatment works, and which is not a "POTW".
35. Publicly Owned Treatment Works – means a wastewater collection and treatment facility owned by the State, municipality, regional entity composed of two or more municipalities, or another entity created by the State or local authority for the purpose of collecting and treating municipal wastewater.
36. Receiving Stream – means the "waters" receiving a "discharge" from a "point source".
37. Severe property damage - means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
38. Significant Source – means a source which discharges 0.025 MGD or more to a POTW or greater than five percent of the treatment work's capacity, or a source which is a primary industry as defined by the U.S. EPA or which discharges a priority or toxic pollutant.
39. TKN – means the pollutant parameter Total Kjeldahl Nitrogen.
40. TON – means the pollutant parameter Total Organic Nitrogen.
41. TRC – means Total Residual Chlorine.
42. TSS – means the pollutant parameter Total Suspended Solids.
43. 24HC – means 24-hour composite sample, including any of the following:
- (a) The mixing of at least 8 equal volume samples collected at constant time intervals of not more than 2 hours over a period of 24 hours;
  - (b) A sample collected over a consecutive 24-hour period using an automatic sampler composite to one sample. As a minimum, samples shall be collected hourly and each shall be no more than one twenty-fourth (1/24) of the total sample volume collected;
  - (c) A sample collected over a consecutive 24-hour period using an automatic composite sampler composited proportional to flow.
44. Upset - means an exceptional incident in which there is an unintentional and temporary noncompliance with technology-based permit discharge limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
45. Waters - means "[a]ll waters of any river, stream, watercourse, pond, lake, coastal, ground or surface water, wholly or partially within the state, natural or artificial. This does not include waters which are entirely confined and retained completely upon the property of a single individual, partnership or corporation unless such waters are used in interstate commerce." Code of Alabama 1975, Section 22-22-1(b)(2). Waters "include all navigable waters" as defined in Section 502(7) of the FWPCA, 33 U.S.C. Section 1362(7), which are within the State of Alabama.
46. Week - means the period beginning at twelve midnight Saturday and ending at twelve midnight the following Saturday.

47. Weekly (7-day and calendar week) Average – is the arithmetic mean of all samples collected during a consecutive 7-day period or calendar week, whichever is applicable. The calendar week is defined as beginning on Sunday and ending on Saturday. Weekly averages shall be calculated for all calendar weeks with Saturdays in the month. If a calendar week overlaps two months (i.e., the Sunday is in one month and the Saturday in the following month), the weekly average calculated for the calendar week shall be included in the data for the month that contains the Saturday.

#### **I. SEVERABILITY**

The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

## **PART IV SPECIFIC REQUIREMENTS, CONDITIONS, AND LIMITATIONS**

### **A. SLUDGE MANAGEMENT PRACTICES**

1. Applicability
  - a. Provisions of Provision IV.A. apply to a sewage sludge generated or treated in treatment works that is applied to agricultural and non-agricultural land, or that is otherwise distributed, marketed, incinerated, or disposed in landfills or surface disposal sites.
  - b. Provisions of Provision IV.A. do not apply to:
    - (1) Sewage sludge generated or treated in a privately owned treatment works operated in conjunction with industrial manufacturing and processing facilities and which receive no domestic wastewater; and
    - (2) Sewage sludge that is stored in surface impoundments located at the treatment works prior to ultimate disposal.
2. Submitting Information
  - a. If applicable, the Permittee must submit annually with its Municipal Water Pollution Prevention (MWPP) report the following:
    - (1) Type of sludge stabilization/digestion method;
    - (2) Daily or annual sludge production (dry weight basis); and
    - (3) Ultimate sludge disposal practice(s).
  - b. The Permittee shall provide sludge inventory data to the Director as requested. These data may include, but are not limited to, sludge quantity and quality reported in Provision IV.A.2.a as well as other specific analyses required to comply with State and Federal laws regarding solid and hazardous waste disposal.
  - c. The Permittee shall give prior notice to the Director of at least 30 days of any change planned in the Permittee's sludge disposal practices.
3. Reopener or Modification
  - a. Upon review of information provided by the Permittee as required by Provision IV.A.2. or, based on the results of an on-site inspection, the permit shall be subject to modification to incorporate appropriate requirements.
  - b. If an applicable "acceptable management practice" or if a numerical limitation for a pollutant in sewage sludge promulgated under Section 405 of FWPCA is more stringent than the sludge pollutant limit or acceptable management practice in this permit, this permit shall be modified or revoked or reissued to conform to requirements promulgated under Section 405. The Permittee shall comply with the limitations no later than the compliance deadline specified in applicable regulations as required by Section 405 of FWPCA.

### **B. EFFLUENT TOXICITY TESTING REOPENER**

Upon notification under Part II. G of any newly introduced toxic industrial wastewaters, the Director may reopen the permit to include effluent toxicity limitations and testing requirements.

### **C. PLANT CLASSIFICATION**

The Permittee shall report to the Director within 30 days of the effective date of this permit, the name, address and operator number of the certified wastewater operator in responsible charge of the facility. Unless specified elsewhere in this permit, this facility shall be classified in accordance with ADEM Admin. Code R. 335-10-1-.03.

### **D. OTHER REQUIREMENTS FOR LAND APPLICATION**

1. Flow Monitoring
  - a. Influent flow to the treatment plant shall be recorded continuously. This data is subject to the records retention requirements of this permit. The monthly average and daily maximum flows shall be reported on the DMRs in accordance with Part I.A. of this permit.
  - b. Wastewater flow to the sprayfield shall be recorded continuously. This data is subject to the records retention requirements of this permit. The monthly average and daily maximum flows shall be reported on the DMRs in accordance with Part I.A. of this permit.
2. Groundwater Monitoring
  - a. All sprayfield groundwater monitoring wells required by the Department (including but not limited to Monitoring Wells 1 through 4) shall be monitored in accordance with Part I.A.5

- b. All groundwater monitoring wells should be sampled prior to initiating any application of treated wastewater to the land application site. Groundwater sampling after commencement of land application shall be conducted during the months of **March and September**.
  - c. The Permittee must determine if there is a statistically significant increase in contaminant levels in comparison to background water quality at each well. Should groundwater monitoring reveal that the concentration of parameters listed in Part IV. E. 2. statistically exceed background (upgradient) concentrations; or that the concentration exceeds primary or secondary drinking water standards promulgated under ADEM Administrative Code Division 335-7; or that the concentrations exceed EPA Region 9 preliminary remediation goals, the Department may require the Permittee to revise the groundwater monitoring program to conduct a groundwater assessment and/or to implement a groundwater corrective action program.
  - d. Groundwater samples must be analyzed using EPA approved analytical methods.
  - e. The Permittee must submit an annual report in the month of **January** summarizing the collective semi-annual groundwater sampling results. The annual report should include the following:
    - (a) The nature and the extent of groundwater contamination (if any). Include contour maps showing the groundwater flow direction;
    - (b) Discussion of all analytical results;
    - (c) Discussion of concentration trends in each monitoring well;
    - (d) All potentiometric data collected during each monitoring event including top casing elevations, measured water level, total well depths, and calculated groundwater elevations;
    - (e) A potentiometric map illustrating the groundwater flow direction for each monitoring event;
    - (f) Site maps indicating the location of all monitoring wells and pertinent site features;
    - (g) All field parameter data collected during the well purging activities;
    - (h) The specific dates that the groundwater sampling activities were conducted; and
    - (i) The report shall be prepared by and bear the signature and the license number of a licensed professional geologist or professional engineer registered in the State of Alabama.
  - f. The Permittee shall submit and adhere to the schedule of compliance in accordance with Part I. E.
3. Stream Monitoring Requirements
- The Permittee shall sample all surface streams immediately upstream and downstream of the land application site in accordance with Part I.A.3 and Part I.A.4 of this permit. Samples shall be collected at mid-channel and at a depth of 5 ft. or mid-depth, whichever is less. The sampling locations shall be approved by the Department. Results shall be reported on DMR forms provided by the Department.
4. Sprayfield Operation Requirements
- a. A healthy cover crop shall be maintained at all times during land application of wastewater. If necessary, the cover crop shall be maintained by fertilization, reseeding, re-planting, etc.
  - b. Best management practices erosion control measures shall be implemented to minimize soil loss.
  - c. Wastewater shall not be applied to the sprayfield during periods of rain and/or high winds that may cause release of wastewater flow or any wastewater mist or residual to any off site location. Wastewater shall not be applied to the sprayfield when the ground is saturated, prior to periods of rain, when the ground is frozen or at any similar time when percolation will not readily occur.
  - d. Wastewater shall not be applied to fields with a slope greater than 30% and shall not be applied within 100 feet of any creeks, drainage ways, sinkholes, and springs.
  - e. All spray equipment and monitoring provisions shall be properly operated and maintained at all times to prevent leaks and spills. The equipment shall be installed so that there is no overlap of spray patterns from individual sprinklers.
  - f. As a minimum, the following records shall be maintained by the permittee and will be subject to inspection by the Department:
    - (1) All information required by land application monitoring reports;
    - (2) Field, date, and time span of application and volume applied;
    - (3) Field, date, quantity, and type of fertilizer applied;
    - (4) Date and amount of rainfall; and
    - (5) Daily nitrogen loading (ppd) for each field or zone/pivot
  - g. The Permittee shall not apply wastewater to areas where depth to groundwater is less than 5 feet or where land application sites are located within the 100 year floodplain.
  - h. Excessive rainwater run-on must be diverted from the land application area.



- i. The following buffer zones shall be maintained along ditches, gulleys, swales, and other features that have any potential to convey storm water to an adjacent stream or sink hole:

- (1) 100 feet from all property lines
- (2) 100 feet from all sinkholes
- (3) 100 feet from any perennial stream or lake
- (4) 300 feet from public or private wells
- (5) 300 feet from existing habitable residences

The buffer zone around sinkholes will also include terracing or another appropriate method of diversion to prevent any potential runoff from entering the area.

- j. Wastewater shall be applied in such a manner that surface run-off does not occur.

#### **E. STORMWATER MONITORING REQUIREMENTS**

1. The permittee shall sample all storm water outfalls in accordance with Part I.A.2 of this permit. The locations of these stormwater outfalls must be approved by the Department. A grab sample shall be collected during the first thirty minutes of the discharge (or as soon thereafter as practicable).
2. The total volume of stormwater discharged for the event must be monitored, including the date and duration (in hours) and rainfall (in inches) for storm event(s) sampled. The duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event must be a minimum of 72 hours. This information must be recorded and is subject to the records retention requirements of this permit.
3. The stormwater volume may be measured using flow measuring devices and/or estimations using a modification of the Rational Method and appropriate considerations of total depth of rainfall, size of the drainage area serving each storm water outfall, and the estimated runoff coefficient for the drainage area. This information must be recorded as part of the sampling procedure and is also subject to the records retention requirement of this permit.

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
WATER DIVISION – INDUSTRIAL AND MUNICIPAL SECTIONS  
**NONCOMPLIANCE NOTIFICATION FORM**

PERMITTEE NAME: \_\_\_\_\_ PERMIT NO: \_\_\_\_\_

FACILITY LOCATION: \_\_\_\_\_

DMR REPORTING PERIOD: \_\_\_\_\_

1. DESCRIPTION OF DISCHARGE: (Include outfall number (s))

2. DESCRIPTION OF NON-COMPLIANCE: (Attach additional pages if necessary):

LIST EFFLUENT VIOLATIONS (If applicable)			
Outfall Number (s)	NONCOMPLIANCE PARAMETER(S)	Result Reported (Include units)	Permit Limit (Include units)

LIST MONITORING / REPORTING VIOLATIONS (If applicable)		
Outfall Number (s)	NONCOMPLIANCE PARAMETER(S)	Monitoring / Reporting Violation (Provide description)

3. CAUSE OF NON-COMPLIANCE (Attach additional pages if necessary):

4. PERIOD OF NONCOMPLIANCE: (Include exact date(s) and time(s) or, if not corrected, the anticipated time the noncompliance is expected to continue):

5. DESCRIPTION OF STEPS TAKEN AND/OR BEING TAKEN TO REDUCE OR ELIMINATE THE NONCOMPLYING DISCHARGE AND TO PREVENT ITS RECURRENCE (attach additional pages if necessary):

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

\_\_\_\_\_  
NAME AND TITLE OF RESPONSIBLE OFFICIAL (type or print)

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE OFFICIAL / DATE SIGNED

## NPDES PERMIT RATIONALE

NPDES Permit No: **AL0075621** Date: June 18, 2015

Permit Applicant: Town of Addison  
Post Office Box 98  
Addison, Alabama 35540

Location: Addison Lagoon & Sprayfield  
16864 County Road 41  
Addison, Alabama 35540

Draft Permit is: Initial Issuance:  
Reissuance due to expiration: **X**  
Modification of existing permit:  
Revocation and Reissuance:

Basis for Limitations: Water Quality Model: **N/A**  
Reissuance with no modification: **pH, FC, TSS, TKN**  
Instream calculation at 7Q10: **N/A**  
Toxicity based: **N/A**  
Secondary Treatment Levels: **N/A**  
Other (described below): **All Parameters**

Design Flow in Million Gallons per Day: 0.15 MGD

Major: No

Description of Discharge: Outfall Number 0011: Effluent discharge to Groundwater.

Outfall Number 002S: Storm water discharge to an Unnamed Tributary to  
Rock Creek which is classified as Fish & Wildlife.

### Discussion:

This is a permit reissuance due to expiration. The limits for five-day Carbonaceous Biochemical Oxygen Demand (CBOD<sub>5</sub>), Total Suspended Solids (TSS), and pH are based on best professional judgment. The monthly average CBOD<sub>5</sub> and TSS limits are 45.0 mg/L and 90.0 mg/L, respectively. The pH limits are 6.0 S.U. (daily minimum) and 9.0 S.U. (daily maximum).

Monitoring and reporting requirements for Total Phosphorus (TP), Total Nitrogen (TN), Total Nitrate-Nitrogen (NO<sub>3</sub>-N), and Total Ammonia-Nitrogen (NH<sub>3</sub>-N) have been imposed in this permit. A monthly average Total Kjeldahl Nitrogen (TKN) limit of 20 mg/L is being imposed to maintain consistency with other land application permits in the state. These results will provide an overall indication of the total nutrient loading to the spray field and to groundwater.

Fecal Coliform (FC) limits are imposed in the permit in accordance with the Municipal Section disinfection strategy for land application facilities. The FC limits for the restricted site are 2000 col/100mL (monthly average) and 4000 col/100mL (daily maximum).

No toxicity testing is required because the facility is a land application system.

The monitoring frequency for most parameters is monthly. Flow to the treatment facility and to the sprayfield is to be monitored daily.


In order to monitor the potential for the land application system to impact nearby waterways, the Department is requiring that the Permittee monitor the quality of the stream adjacent to the land application site. Upstream and downstream water quality shall be monitored on a quarterly basis as designated Outfalls 004U and 004D. This monitoring is being required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact the nearby streams during storm events.

In the permit application, the Permittee reported two storm water outfalls from the sprayfield area. The storm water outfalls listed in EPA Form 2F in the Permittee's application will be designated as Outfalls 002S and 003S in the permit. Storm water monitoring at these outfalls will be required on a quarterly basis. This monitoring is being required in order to provide an indication of whether the sprayfield is being properly maintained and operated such that the sprayfield application does not impact the nearby streams during storm events.

The Permittee has indicated that there are four groundwater monitoring wells at the facility. In order to monitor the impact of the sprayfield on the groundwater, monitoring at these wells will be required twice per year, during the months of March and September as designated outfalls GMW1, GMW2, GMW3 and GMW4.

ADEM Administrative Rule 335-6-10-.12 requires applicants for new or expanded discharges to Tier II waters demonstrate that the proposed discharge is necessary for important economic or social development in the area in which the waters are located. The application submitted by the facility is not for a new or expanded point source discharge to a Tier II water, so the applicant is not required to demonstrate that the discharge is necessary for economic and social development.

Prepared by: Nicholas Caraway

FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER	T/A	C
			S		
			F		D
			1 2	13 14	15

LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)		X	
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

C	1	SKIP	Town of Addison Lagoons and Sprayfield	15	16	29	30
---	---	------	--	----	----	----	----

**IV. FACILITY CONTACT**

C	2	Pigg, Marsha Mayor	15	16	45	46	48	49	51	52	55
---	---	--------------------	----	----	----	----	----	----	----	----	----

**V. FACILITY MAILING ADDRESS**

C	3	P.O. Box 98	15	16	45
---	---	-------------	----	----	----

C	4	Addison	15	16	40	41	42	47	51
---	---	---------	----	----	----	----	----	----	----

**VI. FACILITY LOCATION**

C	5	16864 Co Rd 41	15	16	45
---	---	----------------	----	----	----

C	6	Addison	15	16	40	41	42	47	51	52	54
---	---	---------	----	----	----	----	----	----	----	----	----

**MAY 31 2013**  
**IND/MUN BRANCH**

VII. SIC CODES (4-digit, in order of priority)

## VIII. OPERATOR INFORMATION

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND		
C																				Is the facility located on Indian lands?	
B	Addison															AL		35540		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16														40	41	42	47	51	52	

X. EXISTING ENVIRONMENTAL PERMITS																															
A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I													C	T	I														
9	N														9	P															
15	16	17	18													15	16	17	18												
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	T	I													C	T	I														
9	U														9																
15	16	17	18													15	16	17	18												
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I													C	T	I														
9	R														9																
15	16	17	18													15	16	17	18												

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

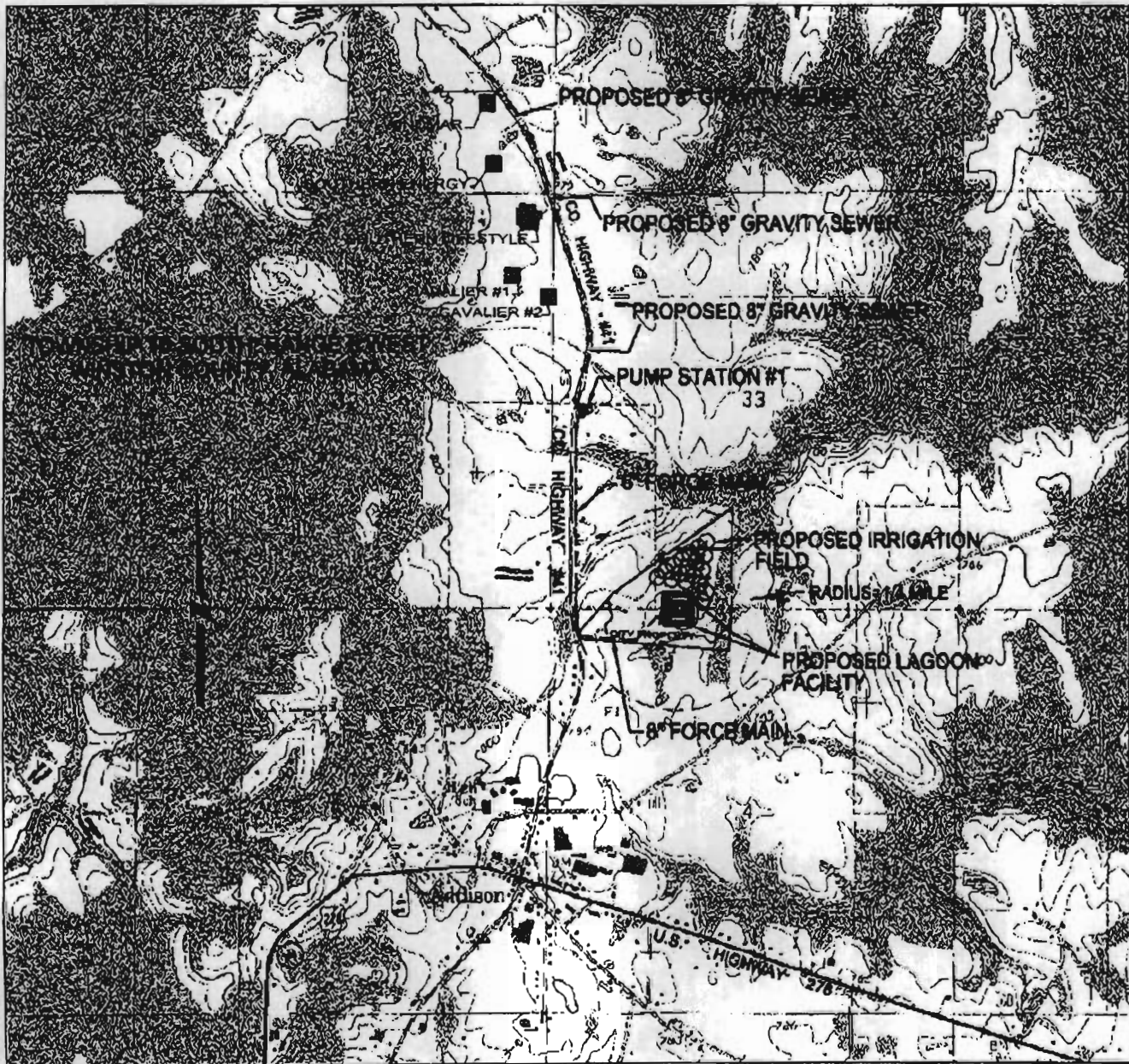
\_\_\_\_\_

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

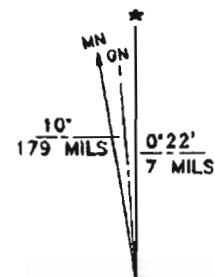
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Marsha Pigg, Mayor	Marsha Pigg	5-22-13

COMMENTS FOR OFFICIAL USE ONLY	
C	
C	
16	55



LOCATION MAP  
ADDISON QUADRANGLE  
SCALE: 1"=2000'

EXHIBIT "A" - LAND REQUIREMENT MAP  
TOWN OF ADDISON, ALABAMA  
PROPOSED SANITARY SEWERS



UIM GRID AND 10°0' MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

SPENCER ENGINEERING, INC.

## FACILITY NAME AND PERMIT NUMBER:

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086FORM  
2A  
NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

## APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

## BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow  $\geq 0.1$  mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

## SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)





**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:****All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.****A.1. Facility Information.**Facility name Town of Addison Lagoons and SprayfieldMailing Address P.O. Box 98  
Addison, AL 35540Contact person Marsha PiggTitle MayorTelephone number (256) 747-2971Facility Address 16864 Co Rd 41  
(not P.O. Box) Addison, AL 35540**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

**Is the applicant the owner or operator (or both) of the treatment works?**

owner

☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility☐ applicant**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).NPDES N/APSD N/AUIC N/AOther N/ARCRA N/AOther N/A**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).**Name****Population Served****Type of Collection System****Ownership**Town of Addison758Gravity sewer pumping sta.Town of Addison\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_**Total population served** \_\_\_\_\_

## FACILITY NAME AND PERMIT NUMBER:

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086**A.5. Indian Country.**

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.15
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>8.00</u>	<u>28.00</u>	<u>52.00</u> mgd
c. Maximum daily flow rate	<u>14.00</u>	<u>28.00</u>	<u>75.00</u> mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100.00 %

☐ Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent N/A

ii. Discharges of untreated or partially treated effluent N/A

iii. Combined sewer overflow points N/A

iv. Constructed emergency overflows (prior to the headworks) N/A

v. Other N/A

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) 0.15 mgdIs discharge ☐ continuous or ☒ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☐
- No

If yes, provide the following for each land application site:

Location: SW 1/4 of Section 33, Township 9 S, Range 6 WNumber of acres: 9.50Annual average daily volume applied to site: 0.08 MgdIs land application ☐ continuous or ☒ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: N/A

Mailing Address: \_\_\_\_\_

Contact person: N/A

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: N/A

Mailing Address: \_\_\_\_\_

Contact person: N/A

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_\_ Yes

\_\_\_\_\_ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

N/A

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number N/A
- b. Location \_\_\_\_\_  
(City or town, if applicable) (Zip Code)  
\_\_\_\_\_  
(County) (State)  
\_\_\_\_\_  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate \_\_\_\_\_ mgd
- f. Does this outfall have either an intermittent or a periodic discharge? \_\_\_\_\_ Yes \_\_\_\_\_ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? \_\_\_\_\_ Yes \_\_\_\_\_ No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water \_\_\_\_\_
- b. Name of watershed (if known) \_\_\_\_\_
- United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): \_\_\_\_\_
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_
- d. Critical low flow of receiving stream (if applicable):  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

 Form Approved 1/14/99  
 OMB Number 2040-0086

**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

☐ Primary

☐ Secondary

☐ Advanced

☐ Other. Describe: N/A

b. Indicate the following removal rates (as applicable):

 Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal \_\_\_\_\_ %

Design SS removal \_\_\_\_\_ %

Design P removal \_\_\_\_\_ %

Design N removal \_\_\_\_\_ %

Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

 If disinfection is by chlorination, is dechlorination used for this outfall? ☐ Yes ☐ No

 d. Does the treatment plant have post aeration? ☐ Yes ☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: \_\_\_\_\_

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.			
pH (Maximum)		s.u.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5						
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)							

**END OF PART A.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

4,200.00\_gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Gravity sewer, force mains and man holes were pressure tested during construction

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

N/A

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☒ No

**FACILITY NAME AND PERMIT NUMBER:**

Form Approved 1/14/99  
OMB Number 2040-0086

Town of Addison Lagoons and Sprayfield AL0075621

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_  
\_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: \_\_\_\_\_

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

**END OF PART B.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

**Indicate which parts of Form 2A you have completed and are submitting:**

Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Marsha Pigg, MayorSignature Marsha PiggTelephone number (256) 747-2971Date signed 5-22-13

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**



## FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Town of Addison Lagoons and Sprayfield AL0075621

## SUPPLEMENTAL APPLICATION INFORMATION

## PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO <sub>3</sub> )											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

 Form Approved 1/14/99  
 OMB Number 2040-0086

 Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYL VINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

<b>FACILITY NAME AND PERMIT NUMBER:</b> Town of Addison Lagoons and Sprayfield AL0075621
---

Form Approved 1/14/99  
OMB Number 2040-0086

Outfall number: <u>N/A</u> (Complete once for each outfall discharging effluent to waters of the United States.)											
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
<b>ACID-EXTRACTABLE COMPOUNDS</b>											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
<b>BASE-NEUTRAL COMPOUNDS.</b>											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

 Form Approved 1/14/99  
 OMB Number 2040-0086

 Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GH)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

<b>FACILITY NAME AND PERMIT NUMBER:</b> Town of Addison Lagoons and Sprayfield    AL0075621
--

Form Approved 1/14/99  
OMB Number 2040-0086

Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--

**END OF PART D.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

## FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Town of Addison Lagoons and Sprayfield AL0075621

## SUPPLEMENTAL APPLICATION INFORMATION

## PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

## E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

\_\_\_\_\_ chronic \_\_\_\_\_ acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

## a. Test information.

Test species & test method number	N/A		
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

## b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

## c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

## d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

N/A

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%  
effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086

Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?\_\_\_ Yes \_\_\_ No      If yes, describe: N/A**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)

**END OF PART E.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**



**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086**SUPPLEMENTAL APPLICATION INFORMATION****PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

**GENERAL INFORMATION:**

**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

\_\_\_\_ Yes \_\_\_\_ No

**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

**F.3. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: N/A \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**F.4. Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

\_\_\_\_\_

**F.5. Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): \_\_\_\_\_

Raw material(s): \_\_\_\_\_

**F.6. Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (\_\_\_\_ continuous or \_\_\_\_ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (\_\_\_\_ continuous or \_\_\_\_ intermittent)

**F.7. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits \_\_\_\_\_ Yes \_\_\_\_ No

b. Categorical pretreatment standards \_\_\_\_\_ Yes \_\_\_\_ No

If subject to categorical pretreatment standards, which category and subcategory?

\_\_\_\_\_

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?☐ Yes ☐ No If yes, describe each episode.

N/A

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:****F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☐ No (go to F.12.)**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):☐ Truck ☐ Rail ☐ Dedicated Pipe**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).EPA Hazardous Waste NumberAmountUnits

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:****F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?☐ Yes (complete F.13 through F.15.) ☐ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).


**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).


**F.15. Waste Treatment.****a.** Is this waste treated (or will it be treated) prior to entering the treatment works?☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):


**b.** Is the discharge (or will the discharge be) continuous or intermittent?☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

--

**END OF PART F.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Town of Addison Lagoons and Sprayfield AL0075621

Form Approved 1/14/99  
OMB Number 2040-0086**SUPPLEMENTAL APPLICATION INFORMATION****PART G. COMBINED SEWER SYSTEMS****If the treatment works has a combined sewer system, complete Part G.****G.1. System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

**G.2. System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

**CSO OUTFALLS:****Complete questions G.3 through G.6 once for each CSO discharge point.****G.3. Description of Outfall.**

- a. Outfall number N/A
- b. Location  
(City or town, if applicable) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
(County) \_\_\_\_\_ (State) \_\_\_\_\_  
(Latitude) \_\_\_\_\_ (Longitude) \_\_\_\_\_
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Which of the following were monitored during the last year for this CSO?  
\_\_\_\_ Rainfall      \_\_\_\_ CSO pollutant concentrations      \_\_\_\_ CSO frequency  
\_\_\_\_ CSO flow volume      \_\_\_\_ Receiving water quality
- f. How many storm events were monitored during the last year? \_\_\_\_\_

**G.4. CSO Events.**

- a. Give the number of CSO events in the last year.  
\_\_\_\_\_ events (\_\_\_\_ actual or \_\_\_\_ approx.)
- b. Give the average duration per CSO event.  
\_\_\_\_\_ hours (\_\_\_\_ actual or \_\_\_\_ approx.)

**FACILITY NAME AND PERMIT NUMBER:**

Form Approved 1/14/99  
OMB Number 2040-0086

Town of Addison Lagoons and Sprayfield AL0075621

- c. Give the average volume per CSO event.

\_\_\_\_\_ million gallons (\_\_\_\_\_ actual or \_\_\_\_\_ approx.)

- d. Give the minimum rainfall that caused a CSO event in the last year.

\_\_\_\_\_ inches of rainfall

**G.5. Description of Receiving Waters.**

- a. Name of receiving water: N/A

- b. Name of watershed/river/stream system: \_\_\_\_\_

United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_

- c. Name of State Management/River Basin: \_\_\_\_\_

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

\_\_\_\_\_  
\_\_\_\_\_

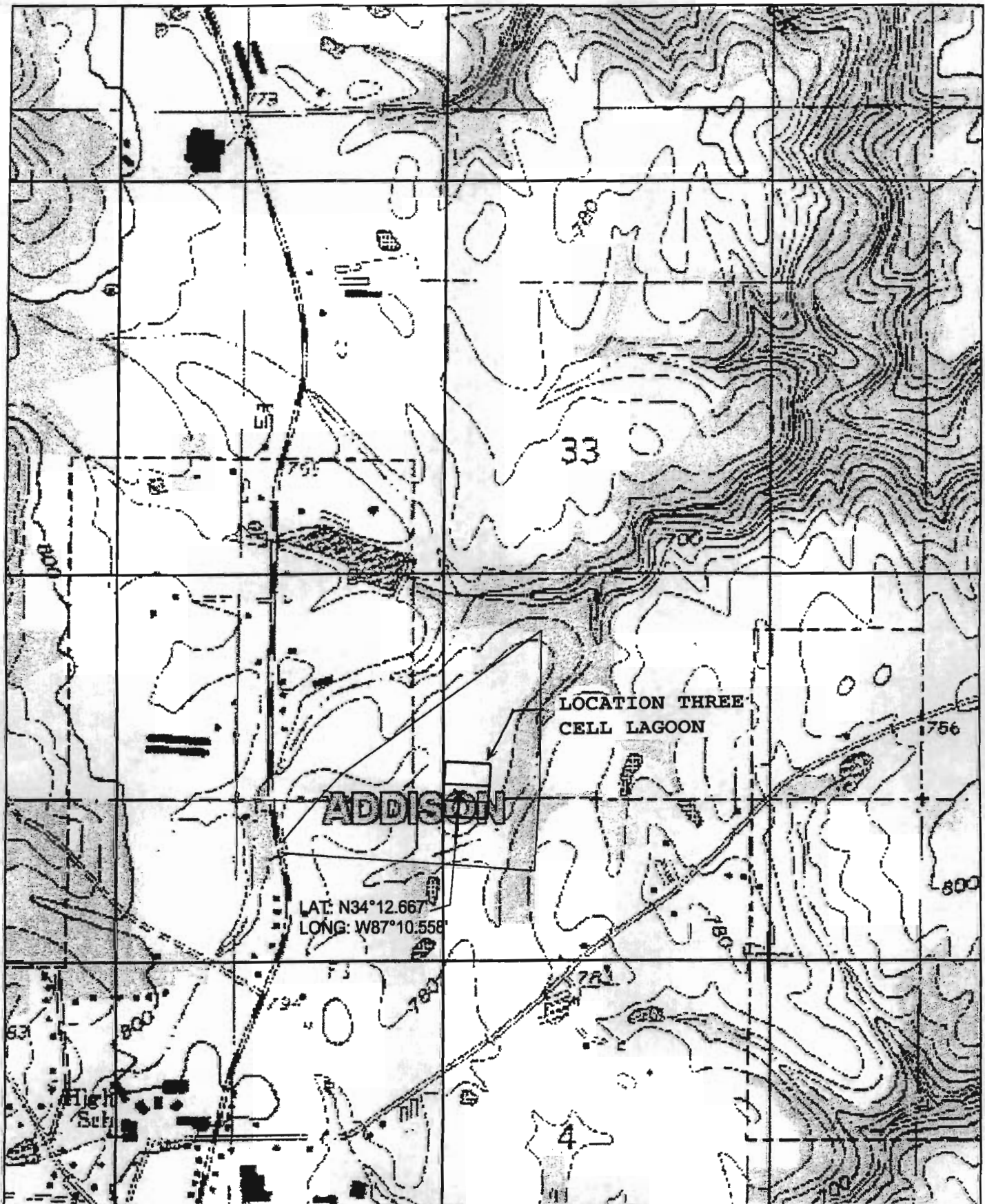
**END OF PART G.**

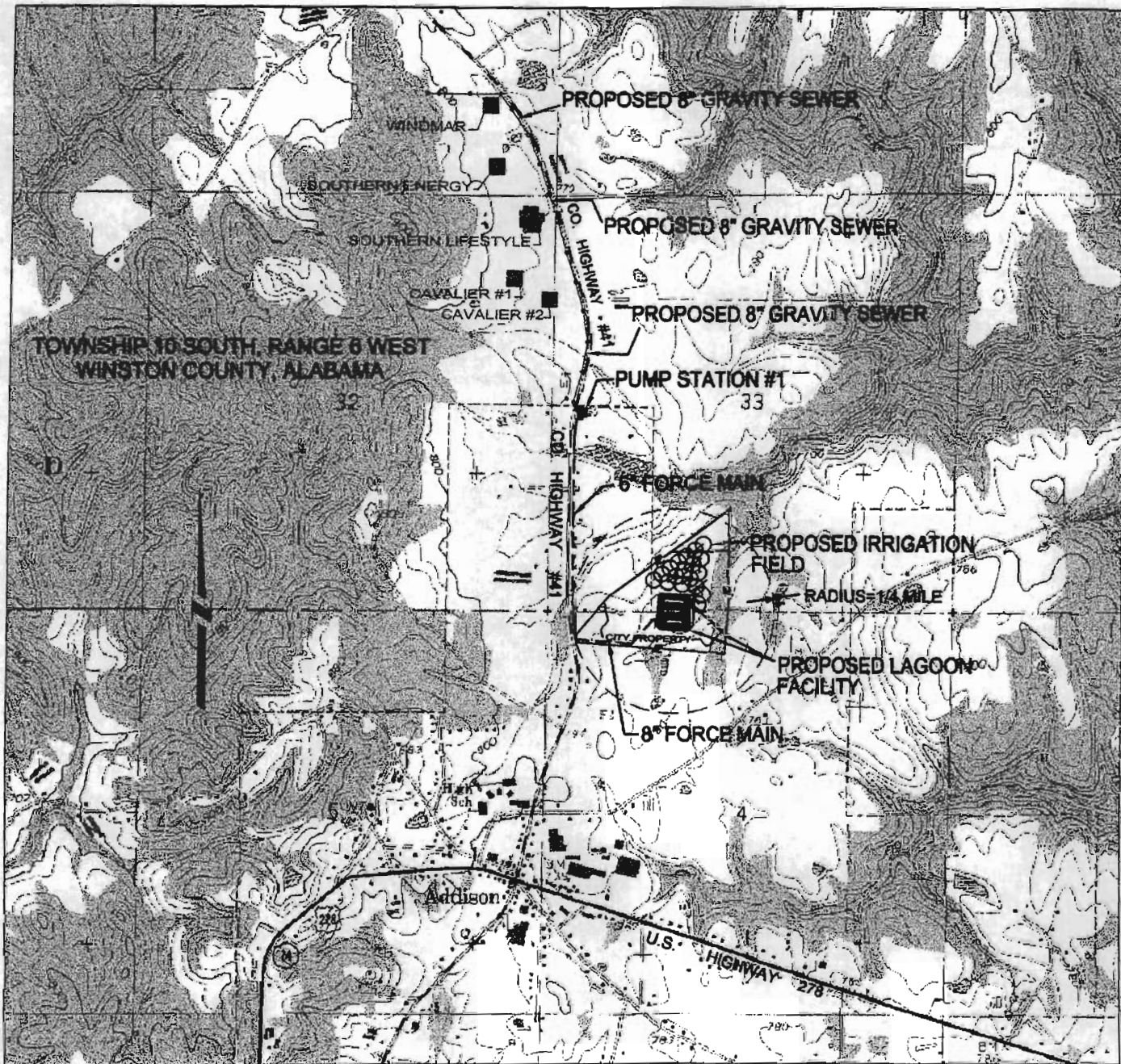
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

Additional information, if provided, will appear on the following pages.

## MAPS AND SCHEMATICS

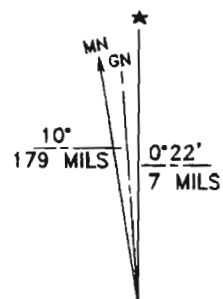
TOWN OF ADDISON, ALABAMA  
SANITARY SEWER LAGOON SYSTEM





LOCATION MAP  
ADDISON QUADRANGLE  
SCALE: 1"=2000'

EXHIBIT "A" - LAND REQUIREMENT MAP  
TOWN OF ADDISON, ALABAMA  
PROPOSED SANITARY SEWERS

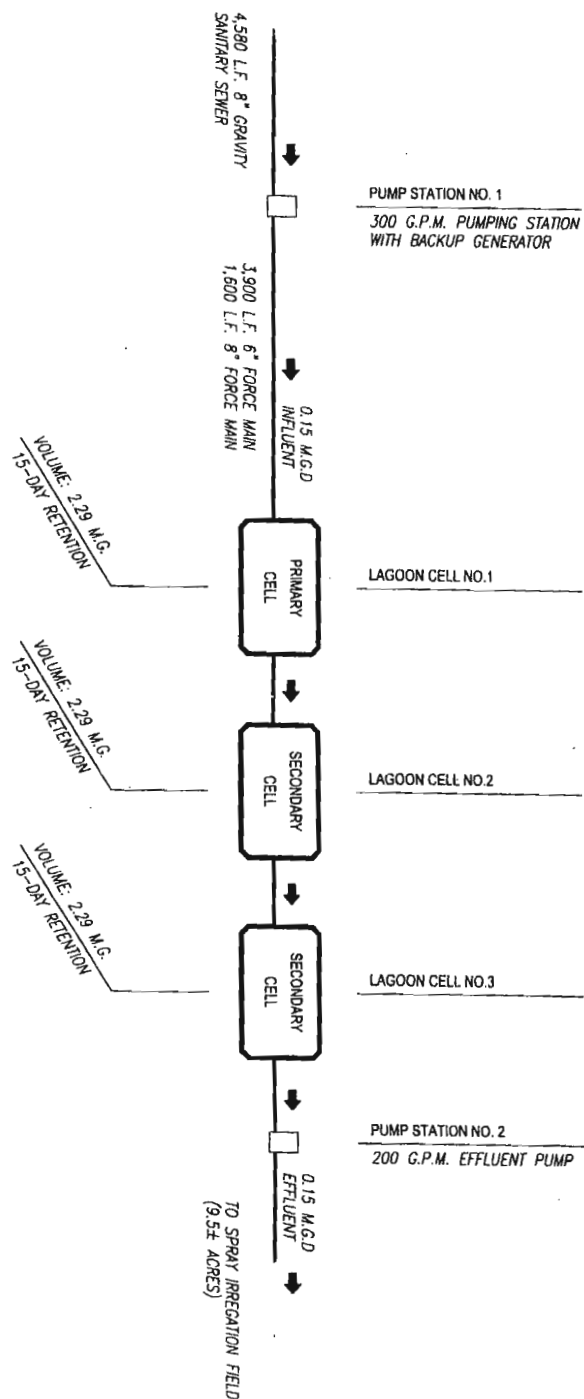


UIM GRID AND 19'0 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

SPENCER ENGINEERING, INC.



FLOW DIAGRAM  
TOWN OF ADDISON, ALABAMA  
WASTEWATER TREATMENT AND COLLECTION FACILITY  
SCALE: NONE



**SUPPLEMENTARY INFORMATION**  
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**  
**PERMIT APPLICATION FORM 188- Municipal, Semi-Public & Private Facilities**

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
WATER DIVISION – MUNICIPAL PERMIT SECTION  
POST OFFICE BOX 301463  
MONTGOMERY, ALABAMA 36130-1463

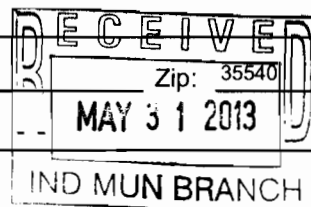
**INSTRUCTIONS:** APPLICATIONS SHOULD BE TYPED OR PRINTED IN INK AND SUBMITTED TO THE DEPARTMENT. PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER IF INSUFFICIENT SPACE IS AVAILABLE TO ADDRESS ANY ITEM BELOW. PLEASE MARK N/A IN THE APPROPRIATE BOX WHEN AN ITEM IS NON-APPLICABLE TO THE APPLICANT.

**PURPOSE OF THIS APPLICATION**

- |   |  |
|---|--|
| <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR NEW FACILITY<br><input type="checkbox"/> MODIFICATION OF EXISTING PERMIT<br><input type="checkbox"/> REVOCATION & REISSUANCE OF EXISTING PERMIT | <input type="checkbox"/> INITIAL PERMIT APPLICATION FOR EXISTING FACILITY<br><input checked="" type="checkbox"/> REISSUANCE OF EXISTING PERMIT |
|---|--|

**SECTION A – GENERAL INFORMATION**

1. Facility Name: Town of Addison Lagoons and Sprayfield  
  
a. Operator Name: Charles Moore  
  
b. Is the operator identified in 1.a, the owner of the facility? Yes ☐ No ☒  
If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the facility.  
Day to day otm and monitoring  
  
c. Name of Permittee\* if different than Operator: Town of Addison  
*\*Permittee will be responsible for compliance with the conditions of the permit*
2. NPDES Permit Number AL 0075621 (Not applicable if initial permit application)
3. Facility Location: (**Attach a map with location marked; street, route no. or other specific identifier**)  
  
Street: 16864 Co Rd 41  
  
City: Addison County: Winston State: AL Zip: 35540  
  
Facility (Front Gate) Location: Latitude (Deg Min Sec): N 34° 12' 41.14 " Longitude (Deg. Min Sec): W 87° 10' 30.31
4. Facility Mailing Address (Street or Post Office Box): P.O. Box 98  
  
City: Addison County: Winston State: AL Zip: 35540
5. Responsible Official (as described on page 7 of this application):  
  
Name and Title: Marsha Pigg, Mayor  
  
Address: P.O. Box 98  
  
City: Addison State: AL  
  
Phone Number: 256-747-2971  
  
Email Address: (Optional): \_\_\_\_\_



6. Designated Facility/DMR Contact:

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DMR Email Address (Optional – for receipt of blank DMR Forms): \_\_\_\_\_

7. Please complete this section if the Applicant's business entity is a Proprietorship or limited liability Corporation with a responsible official not listed in Item 5.

a) Proprietor:

Name: N/A \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Permit numbers for Applicant's previously issued NPDES Permits and identification of any other State Environmental Permits presently held by the Applicant within the State of Alabama:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
<u>N/A</u> _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, Consent Decrees, or Litigation concerning water pollution or other permit violations, if any against the Applicant within the State of Alabama in the past five years (attach additional sheets if necessary):

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
<u>N/A</u> _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

---

**SECTION B – WASTEWATER DISCHARGE INFORMATION**

1. List the following historical monthly flow rates recorded for the past five years for each outfall:

<u>Outfall Number</u>	<u>Highest in Last 12 Months MGD</u>	<u>Highest Daily Flow MGD</u>	<u>Average Flow MGD</u>
<u>N/A</u> _____	_____	_____	_____
_____	_____	_____	_____

2. Report E-coli (Freshwater) or Enterococci (Coastal Waters) monitoring results for the past five years for each outfall if available:

Outfall Number	Ecoli or Enterococci	Maximum Daily E-coli / Enterococci Discharge (per 100 ml)	Maximum Monthly Average E-Coli / Enterococci Discharge (per 100 ml)	No. of Analyses	Analytical Method	ML/MDL
N/A						

3. Attached a process flow schematic of the treatment process, including the size of each unit operation.
4. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Sampling Equipment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Planned:	Flow Metering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
	Sampling Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

If so, please attach a schematic diagram of the sewer system indicating the present or future location of this equipment and describe the equipment below:

---



---

5. Are any wastewater collection or treatment modifications or expansions planned during the next three years that could alter wastewater volumes or characteristics (Note: Permit Modification may be required)? Yes ☐ No ☒

Briefly describe these changes and any potential or anticipated effects on the wastewater quality and quantity: (Attach additional sheets if needed.)

---



---

## SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

Describe the location of all sites used for the storage of solids or liquids that have any potential for accidental discharge to a water of the state, either directly or indirectly via storm sewer, municipal sewer, municipal wastewater treatment plants, or other collection or distribution systems that are located at or operated by the subject existing or proposed NPDES-permitted facility. Indicate the location of any potential release areas and provide a map or detailed narrative description of the areas of concern as an attachment to this application:

### Description of Waste

300 G.P.M. sewage pumping station

---

potential is minimal

---

### Description of Storage Location

3 cell lagoons

---

16864 Co Rd 41

---

Describe the location of any sites used for the ultimate disposal of solid or liquid waste materials or residuals (e.g. sludges) generated by any wastewater treatment system located at the facility.

Description of Waste	Quantity (lbs/day)	Disposal Method*
Liquid Effluent		9.5 acre sprayfield
		Irrigation system

\*Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

---

---

**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

1. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

Company Name	Description of Industrial Wastewater	Existing or Proposed	Flow (MGD)	Subject to SID Permit? Y/N
N/A				

2. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance ☒ Y/☐ N? If so, please attach a copy of the ordinance.
- 
- 

**SECTION E – COASTAL ZONE INFORMATION**

Is the discharge(s) located within the 10-foot elevation contour and within the limits of Mobile or Baldwin County?  
Yes ☐ No ☒ If yes, then complete items A through M below:

	YES	NO
A. Does the project require new construction?	<input type="checkbox"/>	<input type="checkbox"/>
B. Will the project be a source of new air emissions?	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the project involve dredging and/or filling of a wetland area or water way?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Corps of Engineers (COE) permit been issued?	<input type="checkbox"/>	<input type="checkbox"/>
Corps Project Number _____		
D. Does the project involve wetlands and/or submersed grassbeds?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are oyster reefs located near the project site? (Include a map showing project and discharge location with respect to oyster reefs)	<input type="checkbox"/>	<input type="checkbox"/>
F. Does the project involve the site development, construction and operation of an energy facility as defined in ADEM Admin. Code R. 335-8-1-.02(bb)?	<input type="checkbox"/>	<input type="checkbox"/>
G. Does the project involve mitigation of shoreline or coastal area erosion?	<input type="checkbox"/>	<input type="checkbox"/>
H. Does the project involve construction on beaches or dunes areas?	<input type="checkbox"/>	<input type="checkbox"/>
I. Will the project interfere with public access to coastal waters?	<input type="checkbox"/>	<input type="checkbox"/>
J. Does the project lie within the 100-year floodplain?	<input type="checkbox"/>	<input type="checkbox"/>
K. Does the project involve the registration, sale, use, or application of pesticides?	<input type="checkbox"/>	<input type="checkbox"/>
L. Does the project propose or require construction of a new well or to alter an existing groundwater well to pump more than 50 gallons per day (GPD)?	<input type="checkbox"/>	<input type="checkbox"/>
M. Has the applicable permit for groundwater recovery or for groundwater well installation been obtained?	<input type="checkbox"/>	<input type="checkbox"/>

---

## SECTION F – ANTI-DEGRADATION EVALUATION

It is the applicant's responsibility to demonstrate the social and economic importance of the proposed activity, if subject to antidegradation requirements. In accordance with 40 CFR 131.12 and Section 335-6-10-.04 of the Alabama Department of Environmental Management Administrative Code, the following information must be provided, if applicable. If further information is required to make this demonstration, attach additional sheets to the application.

1. Is this a new or increased discharge that began after April 3, 1991? Yes ☐ No ☒.

If "yes", complete question 2 below. If "no", do not complete this section.

2. Has an Anti-Degradation Analysis been previously conducted and submitted to the Department for the new or increased discharge referenced in question 1? Yes ☐ No ☒.

If "no" and the discharge is to a Tier II waterbody as defined in ADEM Admin. Code r. 335-6-10-.12(4), complete questions A through F below and also ADEM forms 311 and 312 or 313, whichever is applicable, (attached). Form 312 or 313, whichever is applicable, must be provided for each treatment discharge alternative considered technically viable. If "yes", do not complete this section.

Information required for new or increased discharges to high quality waters:

- A. What environmental or public health problem will the discharger be correcting?  
Failed septic tank systems
- B. Explain if and to what degree the discharger will be increasing employment as a result of the proposed discharge, either at its existing facility or as the result of the start-up of a related new facility or industry.  
High degree of job retention
- C. Explain if and to what degree the discharge will prevent employment reductions?  
Failed septic systems could cause plants to close
- D. Describe any additional state or local taxes that the prospective discharger will be paying.  
none
- E. Describe any public service the discharger will be providing to the community.  
Increased water quality by removing failed septic systems
- F. Describe the economic or social benefit the discharger will be providing to the community.  
Decrease of sewage effluent from failed septic tanks

---

## SECTION G – EPA Application Forms

All Applicants must submit certain EPA permit application forms. More than one application form may be required from a municipal facility depending on the number and types of discharges or outfalls. The EPA application forms are found on the Department's website at <http://www.adem.state.al.us/> and are also listed in Attachment 4.

---

## SECTION H– ENGINEERING REPORT/BMP PLAN REQUIREMENTS

Any Engineering Report or Best Management Practice (BMP) Plans required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-6-.08(i) & (j).

---

## SECTION I– RECEIVING WATERS

Receiving Water(s)	303(d) Segment? (Y / N)	Included in TMDL?* (Y / N)
N/A		

\*If a TMDL Compliance Schedule is requested the following should be attached as supporting documentation:

(1) Justification for the proposed Compliance Schedule (e.g. time for design and installation of control equipment, etc.); (2) Monitoring results for the pollutant(s) of concern which have not previously been submitted to the Department (sample collection dates, analytical results (mass and concentration), methods utilized, MDL/ML, etc. should be reported as available); (3) Requested interim limitations, if applicable; (4) Date of final compliance with the TMDL limitations; and (5) Any other additional information available to support the requested compliance schedule.

---

---

**SECTION J – APPLICATION CERTIFICATION**

THE INFORMATION CONTAINED IN THIS FORM MUST BE CERTIFIED BY A RESPONSIBLE OFFICIAL AS DEFINED IN ADEM ADMINISTRATIVE RULE 335-6-6-.09 "SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS" (SEE BELOW).

"I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS."

"I FURTHER CERTIFY UNDER PENALTY OF LAW THAT THE RESULTS OF ANY ANALYSES REPORTED AS LESS THAN DETECTABLE IN THIS APPLICATION OR IN ATTACHMENTS THERETO WERE PERFORMED USING THE EPA APPROVED TEST METHOD HAVING THE LOWEST DETECTION LIMIT READILY ACHIEVABLE FOR THE SUBSTANCE TESTED."

SIGNATURE OF RESPONSIBLE OFFICIAL: Marsha Pigg DATE SIGNED: 5-22-13

(TYPE OR PRINT)

Marsha Pigg

NAME OF RESPONSIBLE OFFICIAL:

Marsha Pigg

OFFICIAL TITLE OF RESPONSIBLE OFFICIAL: Mayor

MAILING ADDRESS:

P. O. Box 98 Addison, AL 35540

AREA CODE & PHONE NUMBER:

256-747-2971

**SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS**

**Responsible official** is defined as follows:

1. In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility
2. In the case of a partnership, by a general partner
3. In the case of a sole proprietorship, by the proprietor, or
4. In the case of a municipal, state, federal, or other public facility, by either a principal executive officer, or a ranking elected official.
5. In the case of a private or semi-public facility, the responsible official is either a principal executive officer or the owner of the corporation or other entity.

# Attachment 1 to Supplementary Form ADEM Form 311

## *Alternatives Analysis*

*Applicant/Project:* \_\_\_\_\_

All new or expanded discharges (except discharges eligible for coverage under general permits) covered by the NPDES permitting program are subject to the provisions of ADEM's antidegradation policy. Applicants for such discharges to Tier 2 waters are required to demonstrate "... that the proposed discharge is necessary for important economic or social development." As a part of this demonstration, the applicant must complete an evaluation of the discharge alternatives listed below, including a calculation of the total annualized project costs for each technically feasible alternative (using ADEM Form 312 for public-sector projects and ADEM Form 313 for private-sector projects). Alternatives with total annualized project costs that are less than 110% of the total annualized project costs for the Tier 2 discharge proposal are considered viable alternatives.

Alternative	Viable	Non-Viable	Comment
1 Land Application	L		Permit Renewal
2 Pretreatment/Discharge to POTW			
3 Relocation of Discharge			
4 Reuse/Recycle			
5 Process/Treatment Alternatives			
6 On-site/Sub-surface Disposal			
(other project-specific alternatives considered by the applicant; attach additional sheets if necessary)			
7			
8			
9			

Pursuant to ADEM Administrative Code Rule 335-6-3-.04, I certify on behalf of the applicant that I have completed an evaluation of the discharge alternatives identified above, and reached the conclusions indicated.

Signature: W. J. L. [Signature]  
(Professional Engineer)

Date: 5/17/13

(Supporting documentation to be attached, referenced, or otherwise handled as appropriate.)

ADEM Form 311 3/02



## Attachment 2 to Supplementary Form

### Calculation of Total Annualized Project Costs for Public-Sector Projects

#### A. Capital Costs

Capital Cost of Project \$ \_\_\_\_\_

Other One-Time Costs of Project (Please List, if any):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Capital Costs (Sum column)** \$ \_\_\_\_\_ (1)

Portion of Capital Costs to be Paid for with Grant Monies \$ \_\_\_\_\_ (2)

Capital Costs to be Financed [Calculate: (1) – (2) ] \$ \_\_\_\_\_ (3)

Type of Financing (e.g., G.O. bond, revenue bond, bank loan) \_\_\_\_\_

Interest Rate for Financing (expressed as decimal) \_\_\_\_\_ (i)

Time Period of Financing (in years) \_\_\_\_\_ (n)

Annualization Factor =  $\frac{i}{(1+i)^n - 1} + i$  \_\_\_\_\_ (4)

**Annualized Capital Cost** [Calculate: (3) x (4) ] \_\_\_\_\_ (5)

#### B. Operating and Maintenance Costs

Annual Costs of Operation and Maintenance (including but not limited to: monitoring, inspection, permitting fees, waste disposal charges, repair, administration and replacement.) (Please list below.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Annual O & M Costs (Sum column)** \$ \_\_\_\_\_ (6)

#### C. Total Annual Cost of Pollution Control Project

Total Annual Cost of Pollution Control Project [ (5) + (6) ]

\$ _____ (7)
--------------

## Attachment 3 to Supplementary Form ADEM Form 313

### Calculation of Total Annualized Project Costs for Private-Sector Projects

Capital Costs to be Financed (Supplied by applicant) \$ \_\_\_\_\_ (1)

Interest rate for Financing (Expressed as a decimal) \_\_\_\_\_ (i)

Time Period of Financing (Assume 10 years\*) 10 years (n)

Annualization Factor =  $\frac{i}{(1+i)^{10} - 1} + i$  \_\_\_\_\_ (2)

Annualized Capital Cost [Calculate: (1) x (2) ] \$ \_\_\_\_\_ (3)

Annual Cost of Operation and Maintenance  
(including but not limited to monitoring, inspection, permitting fees, waste  
disposal charges, repair, administration and replacement)\*\* \$ \_\_\_\_\_ (4)

**Total Annual Cost of Pollution Control Project [ (3) + (4) ]** \$ \_\_\_\_\_ (5)

\* While actual payback schedules may differ across projects and companies, assume equal annual payments over a 10-year period for consistency in comparing projects.

\*\* For recurring costs that occur less frequently than once a year, pro rate the cost over the relevant number of years (e.g., for pumps replaced once every three years, include one-third of the cost in each year).

## Attachment 4 to Supplementary Form

### NPDES PROGRAM PERMIT APPLICATION FORMS ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

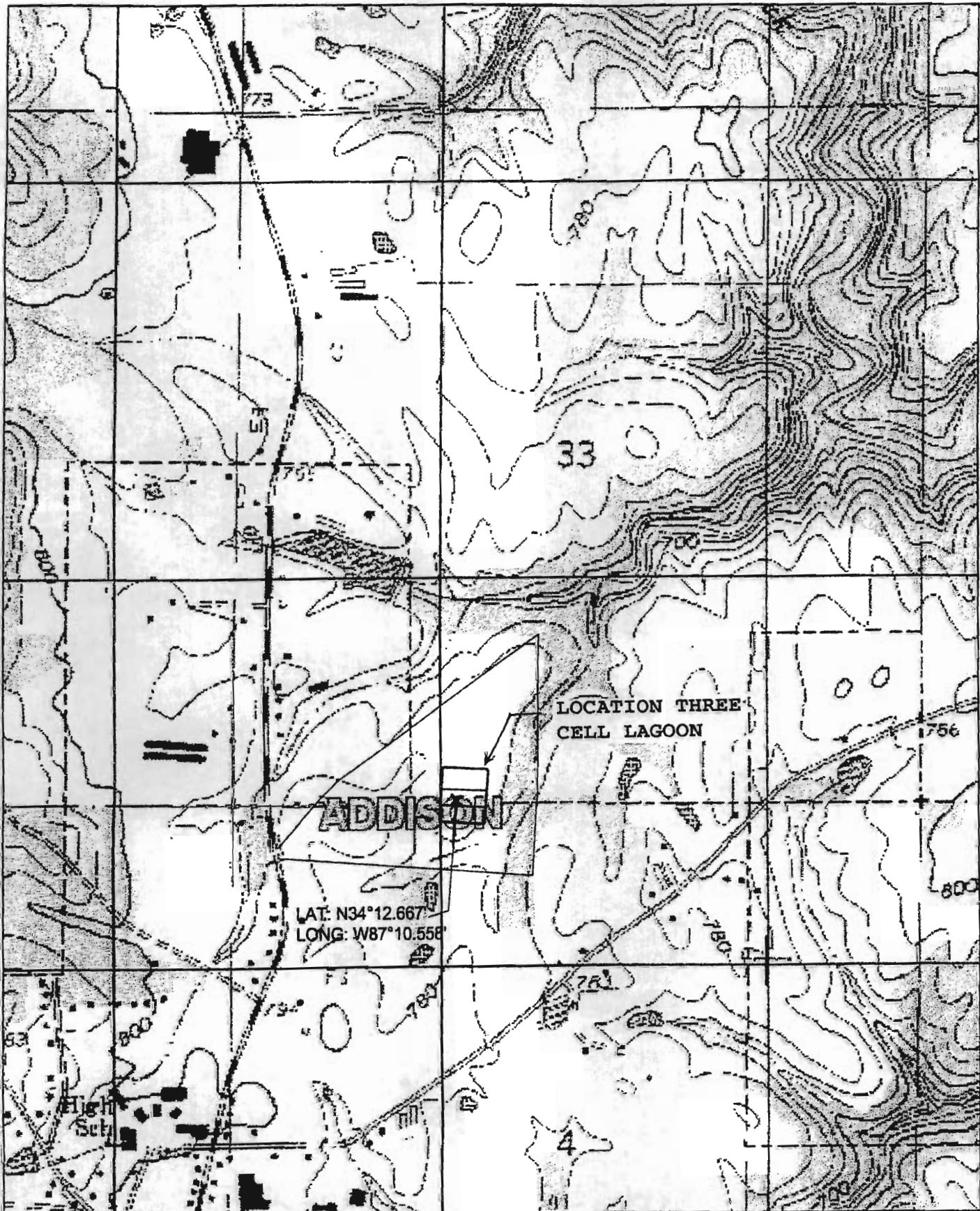
TYPE DISCHARGE	ADEM FORMS	EPA FORMS
New or existing once through non-contact cooling water and/or cooling tower blowdown, and/or sanitary wastewater (non-process wastewater only). Note: POTWs and privately owned domestic treatment works should use Form 2A.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2E
Existing discharges of process wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2C
New discharges of process wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2D
New or existing discharges composed entirely of stormwater meeting the EPA definition of stormwater associated with industrial activity	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2F
New or existing discharges composed of stormwater meeting the EPA definition of stormwater associated with industrial activity, and any other non-stormwater discharges.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2F and, as appropriate, Forms 2E, 2C, and/or 2D
New or existing Publicly-Owned Treatment Works (POTWs) and Privately-Owned Treatment Works composed of sanitary wastewater	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1 and 2A
New or existing land application of process wastewater. Form 2F is required for stormwater runoff from the land application site, if the site is not completely bermed to prevent runoff.	Supplemental Information Form 187 – (Industrial)	Forms 1, 2F, and 2C or 2D, as appropriate
New or existing land application of sanitary wastewater. Form 2F is required for stormwater runoff from the land application site, if the site is not completely bermed to prevent runoff.	Supplemental Information Form 187 – (Industrial) or Form 188 (Municipal)	Forms 1, 2A, and 2F

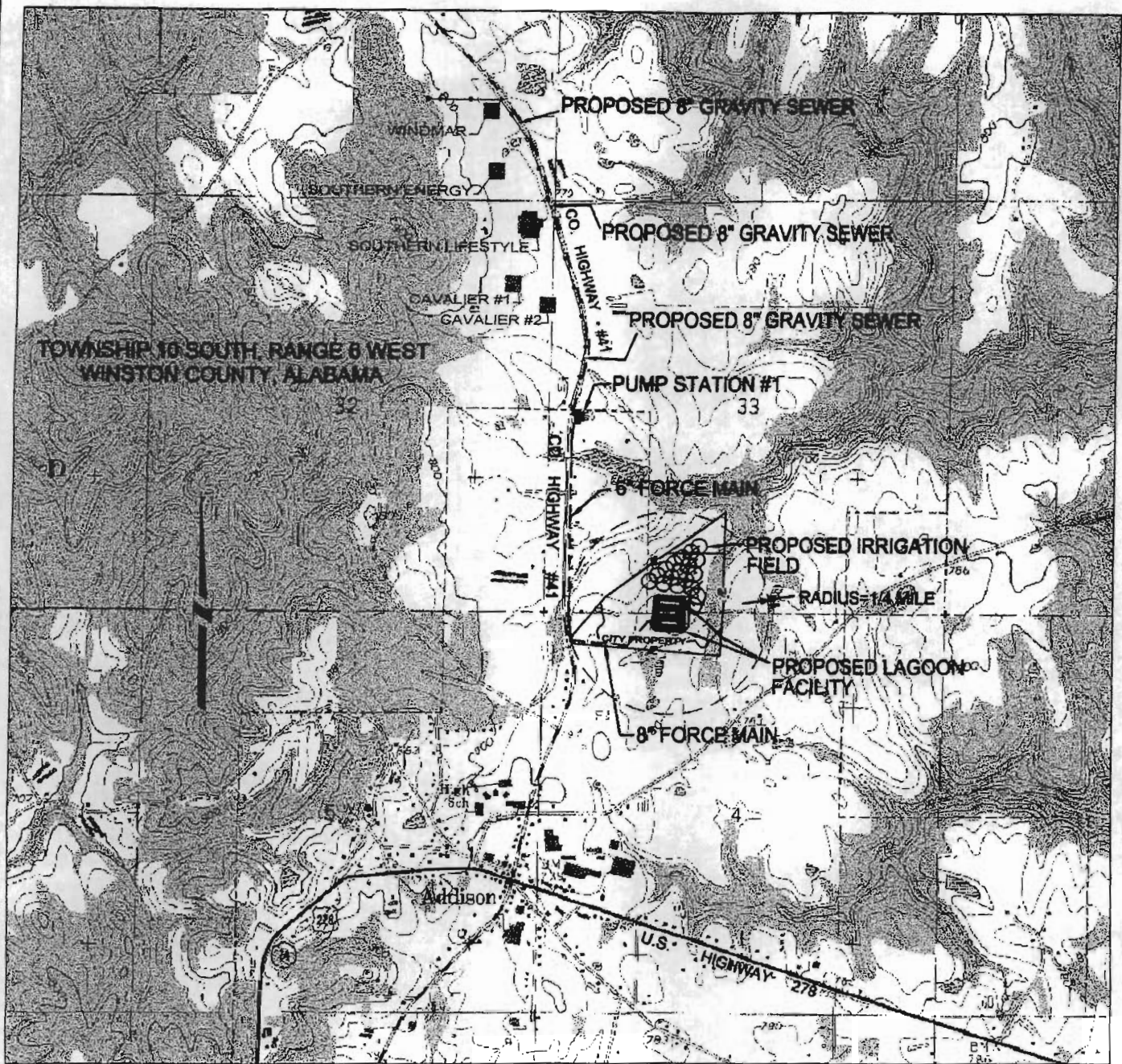
---

Testing requirements: Test procedures for all analyses shall conform to 40 CFR Part 136 or an alternate method specifically approved by the Department. If more than one method of analysis is approved, then the method having the lowest detection level shall be used.

## MAPS AND SCHEMATICS

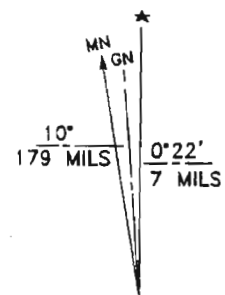
TOWN OF ADDISON, ALABAMA  
SANITARY SEWER LAGOON SYSTEM





LOCATION MAP  
ADDISON QUADRANGLE  
SCALE: 1"=2000'

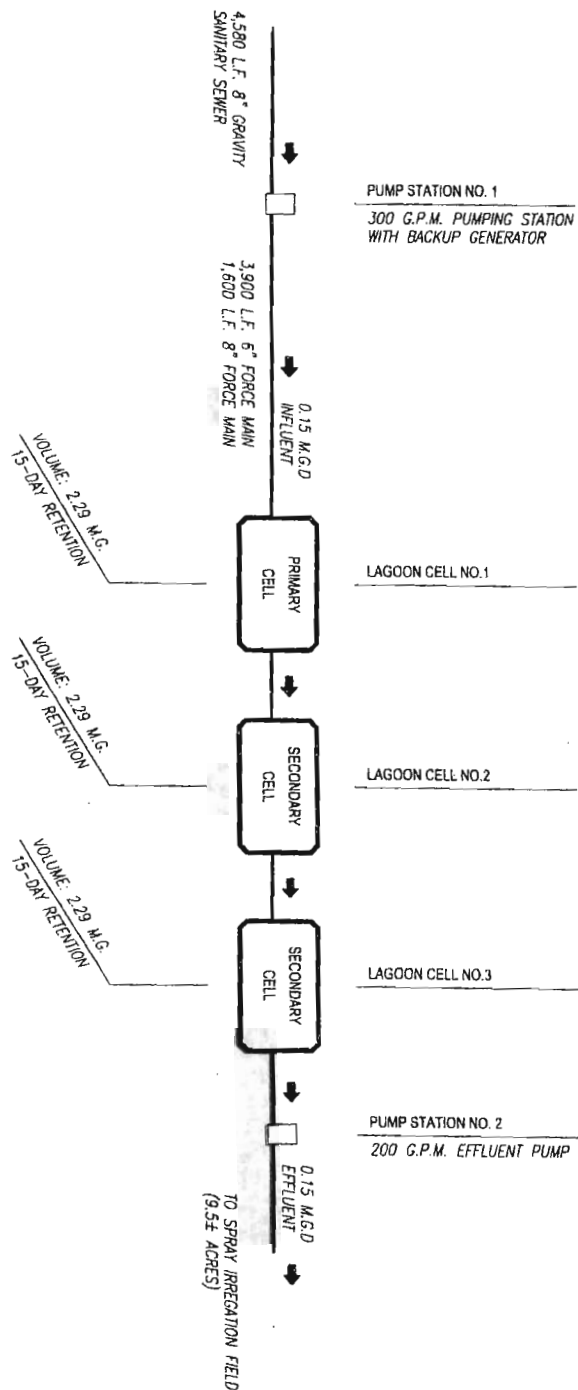
EXHIBIT "A" - LAND REQUIREMENT MAP  
TOWN OF ADDISON, ALABAMA  
PROPOSED SANITARY SEWERS



UIM GRID AND 19'0 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

SPENCER ENGINEERING, INC.

FLOW DIAGRAM  
TOWN OF ADDISON, ALABAMA  
WASTEWATER TREATMENT AND COLLECTION FACILITY  
SCALE: NONE





# Town of Addison 0.15MGD Sewage Lagoon and Spray Irrigation Field AL 0075621

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086  
Approval expires 5-31-92

Please print or type in the unshaded areas only.

FORM  
2F  
NPDES



U.S. Environmental Protection Agency  
Washington, DC 20460

## Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

### Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

### I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
NONE	N 34	12'	40'	W 87	10'	33"	9.5 Acre Spray Irrigation Field

### II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

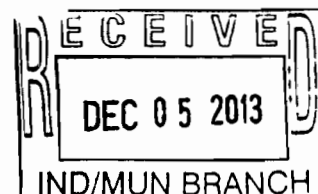
1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
NONE					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

### III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

SEE ATTACHED MAPS





**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
9.6 Acre Spray field	0.30 ac	38.4 ac			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

No materials stored on site

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
	NONE - All sewage effluent is sprayed on 9.6 acre spray irrigation field and is retained on site.	

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Charles Moore, Operator	Charles Moore	12-2-13

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NONE

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☒ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

**X. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name &amp; Official Title (Type Or Print)

Charles Moore, Operator

B. Area Code and Phone No.

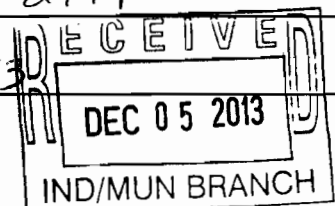
256-747-2971

C. Signature

Charles Moore

D. Date Signed

12-2-13



Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

EPA Form 3510-2F (1-92) Page VII-1 Continue on Reverse

NOTE: Storm water monitored at two storm water monitoring points monthly. See existing well monitoring map for location. See attached monthly reports.

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

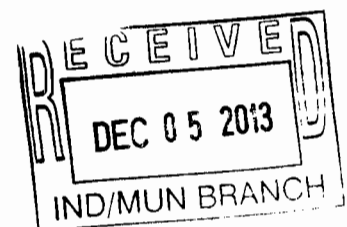
[illegible]

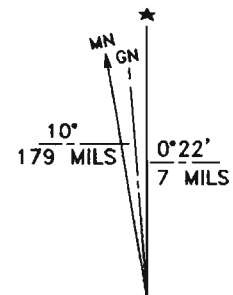
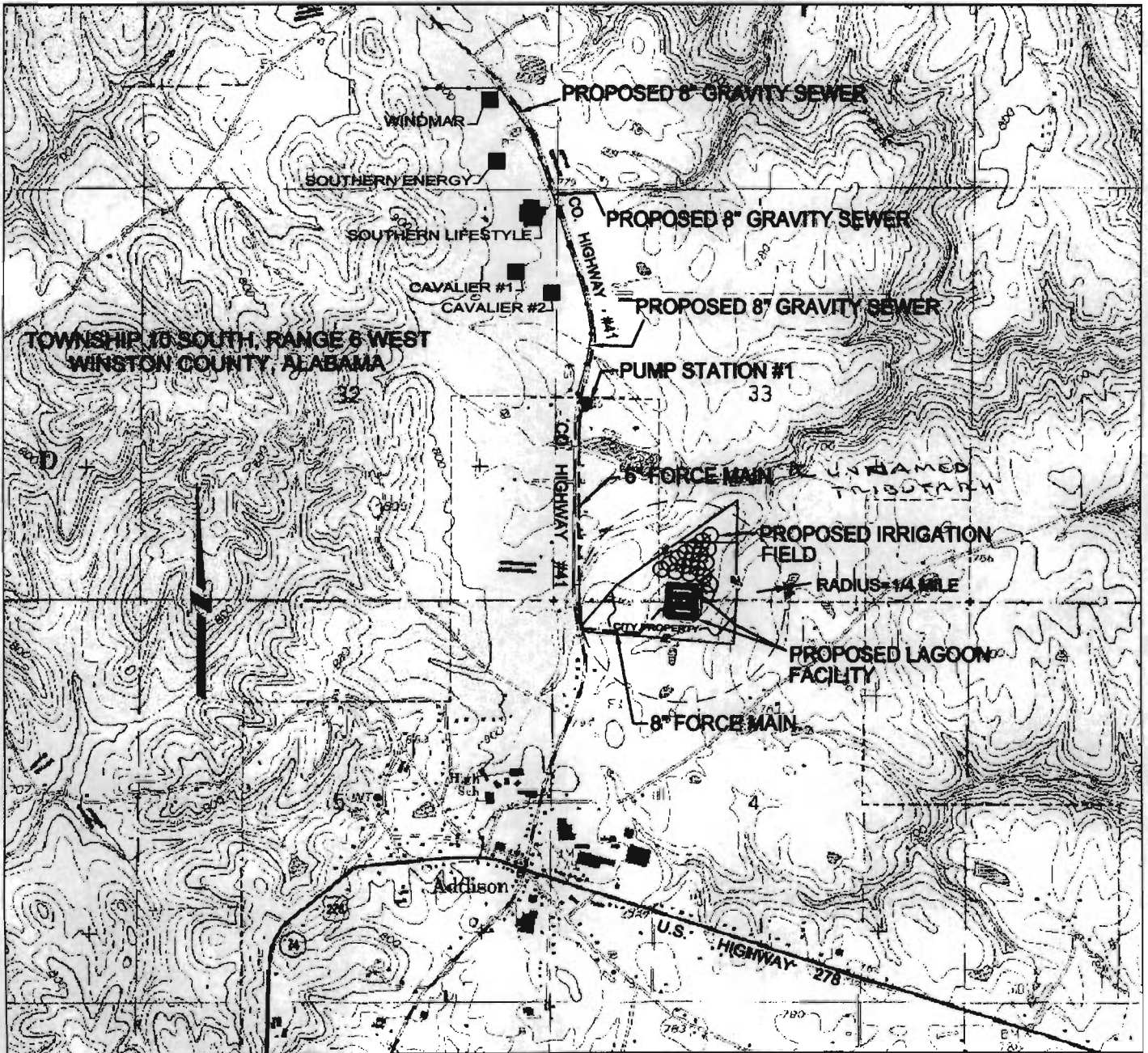
Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

# TOPOGRAPHIC MAP





LOCATION MAP  
ADDISON QUADRANGLE  
SCALE: 1"=2000'

UIM GRID AND 19°0' MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

EXHIBIT "A" - LAND REQUIREMENT MAP  
TOWN OF ADDISON, ALABAMA  
PROPOSED SANITARY SEWERS

SPENCER ENGINEERING, INC.  
MAY 2003

**EXISTING WELL MONITORING MAP**

